FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham

	NUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS						
DOCUN 1, Corporation		30 (0)					
U.S. 6	OLF (PALISADES), INC.						
							
Principal Place	of Business	Mailing Address			t teestert ere trace rath frame :	3511 SALI BIBIL BIBIL GIBIL GIBIL	. 81911 11911 1491
255 S. ORANGE AVE. SUITE 1515		255 S. ORANGE AVE. SUITE 151					
ORLANDO FL 32801		ORLANDO FL 32801					
US		US			3. Date Incorporated or Qualified 11/13/1989	3a. Date of Last Rep 02/17/19	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		pplied For
21 Suite Ant #	***	26	· •		59-2988010		ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	1 1	Additional equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	LJ Added	to Fees
Ζιρ 24	Country 7 ₁ ρ 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
9, Name and Address of Current					10. Name and Address of New F		
				81 Name		<u>a</u> <u>a</u>	
	HINA, WARREN J.		-	82 Street Ad	tdress (P.O. Box Number is Not Acceptab	ole)	
	ORANGE AVE.		ļ				
SUITE 1				83			
UHLAN	DO FL 32801			84 City		FL 85 Zip	Code
familiar with	d agent, or born, in the State of Fic i, and accept the obligations of, Se gratine breed or protect name of my lines ag-	onda Stich change was authoriction 607.0505, Florida Statute مراه ما المراه المراع المراه ال	zed by the c s. Off Bejolesis	orporation's bo	oration submits this statement for the purporation of directors. Thereby accept the app	pointment as registered a	igent. I am
12.		OFFICERS AND DIRECTORS 13 DST DELETE 1		11.6	ADDITIONS/CHANGES TO OFF	TT	
NAME	ATAMAI BIA BIANNI LUBBI		1.1 TI 1.2 NA	ME	255 S Orange 1 Ste 1515	4 ve. Mange	Addition
STREET ADDRESS	1114 BROOKLINE CT	<u>-</u>					
C/TY-S1-7iP	WINTER SPRINGS FL		1340	IY-ST ZIF	Orlando, & 32	80/	
TETLE			2 1 TI	ILE		A Change	Addition
NAME	Add Decomposition		2.2 NA	ME .	255 S. Orange 1 Ste 1515	7.C.	
STREET ADDRESS	1114 BROOKLINE CT WINTER SPRINGS FL				SR 1575	20001	
CITY - ST - ZIP TITLE	PHINTEN OF NINGS FL	☐ DELETE	3 1 11	Y - ST - ZIP	orlando & 3	Change	Addition
NAME		ـ ٠٠٠٠٠ سِي	3 2 N4			C Change	L. Addition
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP			3.4 CIT	Y - \$1 - ZIP			
TITLE		☐ DELETE	4 1 Ti	ilF .		Change	Addition
NAME			4 2 NA	ME			
STREET ADDRESS			i i	HEET ADDRESS			
CITY-SI-ZIP TITLE		DELETE	5 1 11	Y - ST - 7IP		☐ Change	Addition
NAME			5 2 NA	1		Change	LT MODITION
STREET ADDRESS				REET AUDRESS			
CITY - ST - ZIP				Y-ST-71P			
TITLE		DELETE	6 1 T:1	LE		☐ Change	Addition
NAME			6.2 NA	i			
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP	codify that the information is well-as	durable this files is real man. I. 6	6.4 C/T	Y - S1 - ZIF	(a)		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if chapter 50 or on an attachment with an address.

SIGNATURE:

White Stanchina OFFICER OR DIRECTOR

4/15/9: 407 245-7557