

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01932 (6)

1. Corporation Name

ARDC-OCALA 201, INC.



Principal Place of Business

Mailing Address

1375 BUENA VISTA DR
4 FLR N
LK BUENA VISTA FL 32830
US

500 S. BUENA VISTA ST.
BURBANK CA 91521-0340
US

3. Date Incorporated or Qualified
06/18/1984

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

500 SOUTH BUENA VISTA STREET

59-2437110

Applied For
Not Applicable

22

City & State

27

Suite, Apt. #, etc.

City & State

23

Zip

Country

28

BURBANK, CA

Country

24

25

29

91521-0586

30

USA

4. FEI Number

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, H. WILLIAM
4750 SE FINANCIAL CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131-2352

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when "reinstating")

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
LITVACK, SANFORD M.
STREET ADDRESS 500 S. BUENA VISTA ST.
CITY-ST-ZIP BURBANK CA

TITLE ☐ DELETE

NAME PD
GREEN, JUDSON C
STREET ADDRESS 500 S. BUENA VISTA ST.
CITY-ST-ZIP BURBANK CA

TITLE ☐ DELETE

NAME SD
REED, MARSHA L.
STREET ADDRESS 500 S. BUENA VISTA ST.
CITY-ST-ZIP BURBANK CA

TITLE ☐ DELETE

NAME VT
CARPENTER, FARRIS E.
STREET ADDRESS 1375 BUENA VISTA DRIVE
CITY-ST-ZIP LAKE BUENA VISTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Add on

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/10/96 (818) 560-1000

CR2E034 (12/95)