SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Sep 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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1. Corporatio	NEN # 19500	10003935 (2)				
,		TEO INO				
IN HIS	CARE DELIVERANCE CEN	ITEK, INU		A LOCALIST AND A COLOR SHALL BELL BELL BELL BELL BELL BELL BELL B		
				!		
Principal Plac	e of Business	Mailing Address				
,		-				
	529 S.W. 6 AVE 730 S.W. 2ND TERR GAINESVILLE FL 32601 GAINESVILLE FL 326					
US		US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For		
21		26		59-3331642 Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22		[27]		Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible		
24	25	— · ·	30	Personal Property Tax due June 30. Yes No		
=11.	9. Name and Address of Curr			10. Name and Address of New Registered Agent		
			81 Name			
THE LAW	V FIRM OF LAWRENCE J SPIE	GEL CHRTD	62 Street A	Address (P.O. Box Number Is Not Acceptable)		
843 ALM	eria avenue		OH OH OH			
CORAL (BABLES FL 33134		B3			
			84 City	85 Zip Code		
				₽Ĺ ┆┆		
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
agent. I a	im familiar with, and accept the obl	gations of, Section 617.0503, Flor	rida Statutes.	noration's board of diffectors. Friefeby accept the appointment as registered		
SIGNATURE	<u></u>					
	Signature, typed or printed name of registered		Registered Agent signature			
12. TITLE	OFFICERS A	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	LEE, EVA E	C prefit	1.2 NAME	C onlinge C Andition		
STREET ADDRESS	730 SOUTHWEST 2ND TERRACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32601	NOL ,				
TITLE	VD VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	2n value 3 land Change Addition		
NAME	DAVID LEE JR.		2.2 NAME	THAIR HOLD HOLD		
STREET ADDRESS	730 S.W. 2ND TERRACE		2.3 STREET ADDRESS	Pioibox 87 OVANGELAKE NX		
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CITY-ST-ZIP	PROPRIET FORM Change Addition Propriet 37 OVANOELAKE DIK 71, 32681		
TITLE	SD .			☐ Change ☐ Addition		
NAME	ROUSE, WENDY		3.2 NAME			
STREET ADDRESS	TAN COLITIBUTAT AND TERRACE					
CITY-ST-ZIP	GAINESVILLE FL 32601		3.4. CITY-ST-ZIP			
TITLE	10	DELETE	4.1 TITLE	Change Addition		
NAME	DONAWAY, LILLIAN		4. 2 NAME	TALMOSALIA A TING		
STREET ADDRESS 730 SOUTHWEST 2ND TERRACE			4.3 STREET ADDRESS	APT. Y204,3501 NE 15 St Co-VILLE		
CITY-ST-ZIP	GAINESVILLE FL 32601	Decensed	4.4 CITY-ST-ZIP	FIPT. Y204, 3501 NE 15 St Co-Ville 41a, 52609		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Acdition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME -	: "		6.2 NAME			
STREET ADDRESS	<i>)</i> .		6.3 STREET ADDRESS			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and bat 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 or Chapter 61% Horida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.