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CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000013376 (8)

CENTER FOR INDIVIDUAL GROWTH, INC.

**FILED** May 08 1998 8:00am Secretary of State

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Principal Place	of Business	Mailing Address		- ^ >	1 148113881 114 18118 11811 88114 88111 88111		tadia Stit that
- <del>7779-43107-</del> 6	7 18395 GULF R.	TAPPINISSI /	839:	5 GULF BL	4		
SEMINOLE EL	10 3 73 004 W	SUITE ST. A4040	Ħ	204	DO NOT WRITE	IN THIS SPACE	
SE MAN	Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address  18395 Gur Bu  Strain Strain, Fra  Troin Strain, Fra  3373  Mailing Address  Mailing Address  3373				3. Date Incorporated or Qualified		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INDIA SHUS, F		THE COME.	33752	12/21/1992		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3172998		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	esired S8.75 Additional	
22		27			Fee Required		Required
City & State	e e e e e e e e e e e e e e e e e e e	City & State		6. Election Campaign Financing			
23 Zip	Country	28	Coun		Trust Fund Contribution		ed to Fees
24	25	Zip	30	ıı y	8. This corporation owes or has paid		Intangible  No
24	g. Name and Address of Curren	29    Registered Agent	1301		Personal Property Tax due June 3		
BO	GERS, DAVID C DR			Name			
			ļ.,				
	MINOLEST-34646 (8595	SOUR DUN	] [	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)	
9E1	MINUSETT 34040	# ZOY Am Sixing, Fin	la la	33			
	$\overline{\mathcal{D}}$	· CHA EA					
	الانتخار	נפינון ומינור עני	155	City		FL 85 Z	ip Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statu	ites, the abo	ove-named corp	poration submits this statement for the pu		a its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorized	by the corporat	oration submits this statement for the pulion's board of directors. I hereby accept	the appointment	as registered
	m familiar with, and accept the obliga	//	ionda Statu	tes.		4/20/	98
SIGNATURE	Signature, typical of professional agent and agent age	of and by if applicable (NO	TF Registered	Agent signature require	ed when reinstaling)	DAME	<del>/-</del>
12.	OFFICERS AND		13.	•	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	Р	DELETE	1.1 TITU	E		Chang	
NAME	ROGERS, DAVID C		1.2 NAA	AE			
STREET ADDRESS	7777 131 STREET - SUITE #4	<b>,</b>	1.3 STR	EET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 34846		1.4 CITY	r-ST-ZIP			
TITLE	V	DELETE	2.1 TITL			Chang	e Addition
NAME	COMPARETTO, AJ		2.2 NAN	AE	-		
STREET ADDRESS	360 CENTRAL AVENUE		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CIT	Y-ST-ZIP	` <b>`</b> ~		
TITLE	٧	DELETE	3.1 TITL	E		☐ Chang	ge 🔲 Addition
NAME	FARROW, ROSEMARY		3,2 NAA	AE .			
STREET ADDRESS	7777 131 STREET		3 3 STR	EET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 34646		3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITE	.E		☐ Chang	ge Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 titu	E	· · · · · · · · · · · · · · · · · · ·	☐ Chang	ge Addition
NAME			5.2 NA	AE .			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	(-\$1-ZIP			
TITLE		☐ DELETE	6.1 T(T)	E		☐ Chang	ge 🔲 Addition
NAME			6.2 NAM	AE Î			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP		<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	<del></del>
14. I hereby o	certify that the information supplied won this annual report or supplied was	ith this filing does not qualify	for the exer	notion stated in	Section 119.07(3)(i), Florida Statutes. If the shall have the same legal effect as if uired by Chapter 607, Florida Statutes; a	urther certify that	the information
officer or	director of the corporation or the rece	over or trustee empowered to	execute th	is report as requ	uired by Chapter 607, Florida Statutes; a	and that my name	appears in
Block 12	or Block 13 if changed, or on an attai	chment with an address.		· )		. /	0/2