## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000040641 (1)

STEPHANIE D. KUHLING, LMHC, P.A.

Innoipal Place of Business	Malling Address		
432 OSCEOLA AVE. S.	1000 THE GREENS WAY		
JACKSONVILLE BEACH FL 32250 US	JACKSONVILLE FL 32250-2434 US		
2. Principal Place of Business	2a. Mailing Address		

FILED Apr 23 1997 8:00am Secretary of State



Principal Piace 432 OSCEOL JACKSONVILL US		180 301	CKSONVILLE FL 322		3. Date Incorporated or Qualified 06/03/1993	3a. Date of Last 04/12/199	Report
2. Principal P	lace of Business	I	Mailing Address	m	4. FEI Number	<del></del>	Applied For
21	h aka		24 Dea	Moss Lane	59-3188089		Not Applicable Additional
Suite, Apt	# <sub>1</sub> (O.C.	27	Suite, Apt. #, etc.		5- Certificate of Status Desired		Agamonai Required
Crty & State	£-		State 1	1. 7 . 7	6. Election Campaign Financing	\$5.0	May Be
23		28	Sonte fle	cra vener, th	Trust Fund Contribution	<del> </del>	to Fees
Z(p []]	Country	29 (	22082	Country Only	8. This corporation has liability for Florida Statutes	infangible tax under Yes	s. 199.032,
24	25   9. Name and Address of Cur		red Agent	30 000	10. Name and Address of New Re		
KU	IHLING, STEPHANIE D.			81 Name	Same.		
	OO THE GREENS WAY			82 Street Addre	ess (P.O. Box Number is Not Accepte)	ole)	
JA	CKSONVILLE FL 82250			324	Dea Mout	<u>ie</u>	
				83	-		
				84 City	War Annal	85 Zu	Code 2082
	10	0(00 - 100	- 1000 File 144 DE	Ponte	years peace		
11. Parsuant office or r	to the provisions of Sections 607.0 register diagent, or both, in the St	usuz and 607 tate of Florida	r. 1508, Florida Stat i. Such change wa	utes, the above-hamed corp s authorized by the corporati	oration submits this statement for the poor of the poor of the poor of directors. I hereby acce	pt the appointment a	is registered
agent. La	im languar with, and accopt the ob	pligations of	GECTION 604 0505.	Florida Statutes:			
SIGNATURE	gration, types or portlest name of registered	Lanent and tille La	applicable (N	OTE Registered Agent striature require	ed when re-ristating)	DATE	
12. /		AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	)R\$ IN 12
180	DP		DELETE	11 TITLE	Samuel -	Change	Addition
NAME	KUHLING, STEPHANIE D			1.2 NAME	24 Sea nose onte Vedra Be	¥4	
STREET ADDRESS	1800 THE GREENS WAY,	<del>#301</del>		1.3 STREET ADDRESS	24 1000		20.00
CHTY - ST - 261	JACKSONVILLE FL			1.4 CITY+ST-ZIP	onte Vidra per		22087
TIT, £			☐ DELETE	2.1 TITLE	•	[_] Change	Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADORESS		,	
CFTY - ST- 70°		· · · · · · · · · · · · · · · · · · ·	Driete	2 4 CITY-ST-ZIP		☐ Change	Additio
1,117			☐ DELETE	3.1 TITLE		[_] Change	L Additio
MAM <sup>7</sup>				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY STEAP TIFLE			DELETE	3.4 CITY-ST-ZIP 4.1 TiTLE		Change	Additio
*1 11	i		Same of the Second Seco	*** *******		A	
NIE NEG				4.2 NAME			
NAME Street Afrosics				4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS				4.3 STREET ADDRESS			
			DELETE			[_] Change	Addition
STREET ADDRESS C-TY+ST-7IP		<b>-</b> 11 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP		Change	e Addition
STREET ADDRESS C-TY+ST- ZIP TILLE			DELETE	4.3 STREET ADDRESS 4.4 CHY-SI-ZIP 5 1 TITLE	HAMBER COLORS	[_] Change	: Addition
STREET ADDRESS CATY-ST-7/P TILLE MAME			DELETE	4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME			
STREET ADDRESS CITY SECTION TELE NAME STREET ADDRESS			DELETE	4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		[_] Change	
STREET ADDRESS C-TY-ST-ZIP TILLE NAME STREET ACORESS C-TY-ST-ZIP				4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP			
STREET ADDRESS C-TY-ST-ZIP TELL MAME STREET ADDRESS C-TY-ST-ZIP THREE				4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE			

Information inclicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as 1 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