

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000043870 (3)**

1. Corporation Name

POTENTIAL UNLIMITED, INC.



Principal Place of Business

**242 WEST WINTER PARK STREET
ORLANDO FL 32804**

Mailing Address

**242 WEST WINTER PARK STREET
ORLANDO FL 32804**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GASPERONI, EMIL
505 WEKIVA SPRINGS ROAD
SUITE 800
LONGWOOD FL 32779**

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

03/21/1995

4. FEI Number

59-3190319

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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 607.0402 and 607.1506, 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 I accept the obligations of, Section 607.0404, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not a resident of Florida)

Signature of Registered Agent (If Registered Agent is not a resident of Florida)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE
D	TONTI, SUZANNE	242 WEST WINTER PARK STREET	ORLANDO FL 32804	☐
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP	DELETE	Change	Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, STATE, ZIP	☐	☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, STATE, ZIP	☐	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, STATE, ZIP	☐	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, STATE, ZIP	☐	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, STATE, ZIP	☐	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, STATE, 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

407-849-1041

Daytime Phone #

CR2E034 (12/95)