

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000054893 (1)

1. Corporation Name  
NEVER - ALONE, INC.

Principal Place of Business

Mailing Address

1011 WYMORE RD  
STE 206  
WINTER PARK FL 32789  
US

POST OFFICE BOX 162523  
ALTAMONTE SPRINGS FL 32716  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1993

4. FEI Number

59-3196086

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 4799 Shoreline Circle

Suite, Apt. #, etc.

22

City & State

23 Sanford, FL

Zip

24 32771

Country

25

Seminole

26

City & State

27

Suite, Apt. #, etc.

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City & State

29

Zip

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Country

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City

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State

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Zip Code

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Country

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City

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State

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Zip Code

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Country

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City

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State

41

Zip Code

42

Country

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City

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State

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Zip Code

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Country

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City

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State

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Zip Code

9. Name and Address of Current Registered Agent

CLARK, VERA  
1011 WYMORE RD  
STE 206  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

Clark Vera

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

4799 Shoreline Circle

83

84 City

Sanford

FL

85 Zip Code

32771

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 *Vera Clark*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME CLARK, VERA  
STREET ADDRESS 1011 WYMORE RD., SE. 206  
CITY-ST-ZIP WINTER PARK FL

TITLE VP ☐ DELETE

NAME GOLDSMITH, MARK R.  
STREET ADDRESS 1011 WYMORE RD., STE. 206  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PSD

*Clark Vera*  
*4799 Shoreline Circle*  
*Sanford, FL 32771*

☒ Change

☐ Addition

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14. I 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 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

*Clark Vera*

(407) 330-2515

CR2E034 (10/97)