

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001482685
-05/10/95--01065--015
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 6-93	3a. Date of Last Report Feb '94
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Principal Place of Business	Mailing Address
3047 NW 60TH ST. FT. LAUDERDALE, FL 33309	

2. Principal Place of Business			2a. Mailing Address	
21	Suite, Apt #, etc		25	Suite, Apt # etc
22	City & State		27	City & State
23	Zip	Country	28	Zip
24	25		29	

4. FEI Number		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 § 199 032.		
Florida Statutes	☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	Earl Gelwicks	
82	Street Address (P.O. Box Number is Not Acceptable)	3097 NW 60TH ST.	
83			
84	City	FT. Lauderdale	85
		FL	Zip Code 33309

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

For GILKIN VP

[illegible]

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12.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Sharon Howell-Petrick P.D.
NAME	3047 NW COTHST
STREET ADDRESS	APT. LOW R/ 33307
CITY ST ZIP	
TITLE	Mark Petrick VP, D
NAME	3047 NW COTHST
STREET ADDRESS	33309
CITY ST ZIP	
TITLE	Earl Gelwick VP, D
NAME	3047 NW COTHST
STREET ADDRESS	33305
CITY ST ZIP	
TITLE	Susan Gelwick SIT, D
NAME	3047 NW COTHST
STREET ADDRESS	33305
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY ST ZIP	
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY ST ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY ST ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY ST ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY ST ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY ST ZIP	

T.S. 5/9/95

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 if classified or owned in connection with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chlorine

(1) $\mathcal{L}_1$ and $\mathcal{L}_2$ are linearly independent