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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000066421 (7)

THE FOUNTAIN OF YOUTH INSTITUTE, INC. Principal Place of Business Mailing Address 34156 U.S. HIGHWAY 19 NORTH 34156 U.S. HIGHWAY 19 NORTH NORTH PALM HARBOR FL 34684 NORTH PALM HARBOR FL 34684 3. Date incorporated or Qualified 3a. Date of Last Report 09/23/1993 04/03/1995 2a. Mailing Address 4. FEI Number Applied For 2. Poncinal Place of Business 59-3203698 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıpı Country $Z_{\rm ID}$ 30 Florida Statutes ☐ Yes ☐ No 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HARRELL, RANDALL 82 34156 U.S. HWY. 19 NORTH 83 PALM HARBOR FL 34684 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flonda 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registroen agent and tris it applies like (NOTE: Engistered Agent signature, returned when the stating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DE LE TE Change Add-tion 1.17016 THLE HARRELL, C R 1.2 NAME NAME 34156 U.S. HWY 19 N. 1.3 STREET ADORESS STREET ADDRESS PALM HARBOR FL 1.4 CHY SUZIF CITY-ST-ZIP Change Addition [] DELETE TILE 2 1 TITLE HARRELL, MARISSA 🗖 NAME 2.2 NAMS 34156 U.S. HWY. 19 N 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 24 CITY-ST ZIP CiTY-ST-ZIP ☐ Change Addition DELETE 3 1 TI*LE $10^{\circ} \mathrm{UE}$ 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 3.4 CH Y - S1 - ZIP DELETE ☐ Change ■ Addit on 4 1 TH. E TIT: F 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST ZIP Add tion DELETE Change 5 1 11116 THE NAME 5.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntially 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 africular 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 proporation 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.

6.1 THE

6.2 NAME

5.3 STREET ADDRESS 5.4 CHY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - Z:P

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

City -St-ZiP

TITLE

NAME

STIPLE NO TYPES ON THE STATE OF SIGNAL OFFICER ON DIRECTOR

DELETE

3/1/96(813)781-0818

Change

Addition

(12/95)

CR2E034