

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000071863 (3)

1. Corporation Name

THERE'S NO PLACE LIKE HOME OF CENTRAL FLORIDA IN
C.



Principal Place of Business

147 COLOMBA ROAD
DEBARY FL 32713

Mailing Address

P.O. BOX 831
DEBARY FL 32713
US

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

07/11/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3208155

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

9. Name and Address of Current Registered Agent

CLAYTON, CAROL
147 COLOMBA RD.
DEBARY FL 32713

10. Name and Address of New Registered Agent

81

Name

Kenneth Abeles

82

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

147 Colomba Rd

83

84

City

Debary FL

FL

85

Zip Code

32713

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

Kenneth Abeles

Kenneth Abeles

6 Feb 1996

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

12.2

STREET ADDRESS

12.3

CITY-ST-ZIP

12.4

TITLE

12.5

NAME

12.6

STREET ADDRESS

12.7

CITY-ST-ZIP

12.8

TITLE

12.9

NAME

12.10

STREET ADDRESS

12.11

CITY-ST-ZIP

12.12

TITLE

12.13

NAME

12.14

STREET ADDRESS

12.15

CITY-ST-ZIP

☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

13.1

TITLE

13.2

NAME

13.3

STREET ADDRESS

13.4

CITY-ST-ZIP

13.5

TITLE

13.6

NAME

13.7

STREET ADDRESS

13.8

CITY-ST-ZIP

13.9

TITLE

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY-ST-ZIP

13.13

TITLE

13.14

NAME

13.15

STREET ADDRESS

13.16

CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

Kenneth Abeles

Kenneth Abeles

6 Feb 1996 407-668-5950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display Phone #

CR2E034 (12/95)