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 # P94000020923 (6)

1. Corporation Name

THE GAUNTLET AT PALISADES, INC.

Principal Place of Business	Mailing Address
16510 PALISADES HIGHWAY #211, P.O. BOX 10040 CLERMONT FL 34711 US	%ST. JAMES PLANTATION HIGHWAY #211, P.O. BOX 10040 SOUTHPORT NC 28461

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 5806 A Breckenridge Pkwy
Suite, Apt. #, etc. 27
City & State 28 Tampa, FL
Zip 29 33610 Country 30 USA

4. FEI Number: 74-2701744 ☐ 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

SOBERING GRAY & WHITE P.A.
201 S. ORANGE AVE.
SUITE 760
ORLANDO FL 32801

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 607.0502 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 ______________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	JEFFERSON, ALLEN F	
STREET ADDRESS	P.O. BOX 10040 (N/A)	
CITY-ST-ZIP	SOUTHPORT NC 28461	
TITLE	D	☐ DELETE
NAME	KRAUMANIS, SVEN	
STREET ADDRESS	12444 POWERSCOURT #284	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	P	☒ DELETE
NAME	NACHT, GARY	
STREET ADDRESS	12444 POWERSCOURT DR, SUITE 284	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	S	☒ DELETE
NAME	KRAUMANIS, SUEN	
STREET ADDRESS	12444 POWERSCOURT #284	
CITY-ST-ZIP	ST LOUIS MO	
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		☐ Change ☐ Addition
2.1 TITLE	DS	☒ Change ☐ Addition
2.2 NAME	Sven Kraumanis	
2.3 STREET ADDRESS	5806 A Breckenridge Pkwy	
2.4 CITY-ST-ZIP	Tampa, FL 33610	
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ 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: ______ 4/20/96 SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)