

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -9 AM 10:15

DOCUMENT # P94000054105 (9)

1. Corporation Name

THE GARDENS OF SPRING HILL, INC.

96-AR
CM



Principal Place of Business

Mailing Address

5919 TROUBLE CREEK RD., #3
NEW PORT RICHEY FL 34652

5919 TROUBLE CREEK RD., #3
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified
07/21/1994

3a. Date of Last Report
06/02/1995

4. FEI Number

APPLIED FOR

Y 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RACHMIEL, SANFORD
4550 ACKERMAN STREET
NEW PORT RICHEY FL 34653

81 Name

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

83

84 City

500001951145
09/19/95-01012-016
****225.00L ***225.00

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RACHMIEL, SANFORD
STREET ADDRESS 4550 ACKERMAN STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE VD
NAME RACHMIEL, JOAN
STREET ADDRESS 4550 ACKERMAN STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE SD
NAME ORLANDO, SALVATORE
STREET ADDRESS 8705 AIRWAY BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE TD
NAME ORLANDO, MARIA
STREET ADDRESS 8705 AIRWAY BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANFORD RACHMIEL 8/1/96

813

842-20W
0121951 CP

CR2E034 (3/96)