

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 10:07

DOCUMENT # P94000056668 (4)

1. Corporation Name

VANHORN OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

1858 SWANEE DRIVE  
WEST PALM BEACH FL 33409

1858 SWANEE DRIVE  
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

07/28/1994

N/A

4. FEI Number

65-0520968

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 1858 SWANEE DR.

26 1858 SWANEE DR.

Suite, Apt. #, etc.

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

VANHORN, MARION L  
1858 SWANEE DRIVE  
WEST PALM BEACH FL 33409

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME VANHORN, MARION L  
STREET ADDRESS 1858 SWANEE DRIVE - SWANEE  
CITY- ST- ZIP WEST PALM BEACH FL 33409

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS SUWANEE (CORRECT)  
1.4 CITY- ST- ZIP

TITLE TD  
NAME MAIER, HENRIETTA  
STREET ADDRESS 817 2ND AVE N W  
CITY- ST- ZIP LARGO FL 34630

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE S  
NAME VANHORN, GARY L  
STREET ADDRESS 1858 SWANEE DRIVE  
CITY- ST- ZIP WEST PALM BEACH FL 33409

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE VD  
NAME VANHORN, ROBERT A  
STREET ADDRESS 1858 SWANEE DRIVE - SWANEE  
CITY- ST- ZIP WEST PALM BEACH FL 33409

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS SUWANEE (CORRECT)  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marion L. VanHorn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-95  
DATE

407-683-0305  
TELEPHONE #