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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

19963 1996 B- ZUSIDNO ORPORATIONS C

DOCUMENT # P94000059855 (4)	DOCUMENT #	P94000059855	(4)
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THE GARDEN GATE OF TAMPA, INC.

Principal Place of Business Mailing Address			1 100013001 1010 50011 01010 00131 00111 0	1111 0 9191 31 74 0 191						
14332 N DALE MABRY 14332 N DALE MABRY TAMPA FL 33618 TAMPA FL 33618										
				3. Date Incorporated or Qualified						
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number 59-3261178			Applied For Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State		City & State	F1		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip 24	Country 25	Zip 29				8. This corporation has liability/for intangible tax under s 199.032, Florida Statutes ▼ Yes No				
	9. Name and Address of Curre		1001			10. Name and Address of New Re		nt		
				81	Name					
HELENE I	B. RATERMAN		ŀ	82	Stroot Add	ress (P.O. Box Number is Not Acceptable	al			
	NTHROP WAY		[02	Street Addr	ress (m.O. box number is Not Acceptable	e)			
TAMPA F	L 33612		Ī	83		_				
				B4	City		FI 8	5 Z	p Code	
11. Pursuant te	o the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s. the abov	e n	amed corpor	ration submits this statement for the purp	age of changin	L.	registered office	
or registere	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such charige was authorize	ed by the co	orpo	ration's boa	ird of directors. I hereby accept the appo	intment as regi	sterec	agent. I am	
SIGNATURE	in and accept the obligations of, Sec	non oon tooos, Florida Statutes.								
	Signature, typed or printed name of registered agen	t and the if applicable (NOI	It Higstered A	gent	signature require	d when reinstaling)	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIF	ECTO	DRS IN 12	
TITLE	PTDS	☐ DELETE	1. 1 7 (LE				nange	☐ Addition	
NAME	raterman, helene b		1.2 NAN	٧E					ł	
STREET ADDRESS	11108 WINTHROP WAY		1.3 STR	EET /	ADDRESS					
City-St-ZIP	TAMPA FL		1 4 CIT		- ZIP					
TITLE		☐ DELETE	2 1 TIT				□ CI	nange	☐ Addition	
NAME DEGET APPROVA			2.2 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		T) DELETE	2.4 CITY 3.1 TIT		ZIP		ПО	anaa	[] Addition	
NAME		C better	3 2 NAN					lange	Addition	
STREET ADDRESS					ADDRESS					
C(TY-ST-ZIP			34 CIT		ł					
TITLE		DELETE	4 1 TIT		- 411		П C	iange	Addition	
NAME			4 2 NAN	AE.			_	v		
STREET ADORESS			4.3 STR	EET A	ADDRESS					
CITY - ST - ZIP			4.4 C/T)	r-ST	- ZIP					
TITLE		☐ DELETE	5 1 7(1)	LE			Ct	nange	☐ Addition	
NAME			5.2 NAA	ΛĒ						
STREET ADDRESS			5 3 STR	EE (#	ADDRESS					
CITY - ST - ZIP			5 4 CITY	í-SI	- Z(P					
TI₹LF		☐ DELETE	6 1 111	LF			□ Cł	ange	Addition	
NAME			6.2 NAN	Æ						
STREET ADDRESS			6.3 STR	EET A	ADDRESS					
CITY-S*-ZIP	contifue that the information assert and	with this flips is not set at the	6 4 CITY				70.03 5: 1:			
certify that oath; that I	the information indicated on this anni	ual report or supplemental annu pration or the receiver or trustee	ial report is empowere	true	and accura	or the exemption stated in Section 119.0 ite and that my signature shall have the s s report as required by Chapter 607, Flor	ama lanal affac	t ac if	imade under III	

SIGNATURE: PROBLEM D. VOLLOWOLD, Tresident 3-15-96 813-960-5488

Ballower D. Valendau. President 3-15-96 813-960-5488

Daytine Priore:

OF 813-936-0072

R2E034 (12/95)