

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 # **P94000062606 (6)**

1. Corporation Name

BETHESDA MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

**2815 S. SEACREST BLVD.
BOYNTON BEACH FL 33435**

**2815 S. SEACREST BLVD.
BOYNTON BEACH FL 33435**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MONAGHAN, TIMOTHY E
54 NE 4TH AVE.
DELRAY BEACH FL 33435**

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 official acceptable.

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HILL, ROBERT B	
STREET ADDRESS	2815 S. SEACREST BLVD	
CITY-STATE-ZIP	BOYNTON BEACH FL 33435	
TITLE	TDV	☐ DELETE
NAME	TAYLOR, ROBERT B	
STREET ADDRESS	2815 S. SEACREST BLVD	
CITY-STATE-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	☐ DELETE
NAME	KIRK, ROGER L	
STREET ADDRESS	2815 S. SEACREST BLVD	
CITY-STATE-ZIP	BOYNTON BEACH FL 33425	
TITLE	D	☐ DELETE
NAME	PELTZIE, KENNETH G	
STREET ADDRESS	2815 S. SEACREST BLVD	
CITY-STATE-ZIP	BOYNTON BEACH FL 33425	
TITLE	S	☐ DELETE
NAME	STRAWN, JOEL T	
STREET ADDRESS	54 NE 4TH AVENUE	
CITY-STATE-ZIP	DELRAY BEACH FL 33438	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

Robert B. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

(407) 737-7733

DATE: DAYTIME PHONE #

CR2E034 (12/95)