

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000074332 (5)

1. Corporation Name

A TO Z MANAGEMENT OF BONITA SPRINGS, INC.



Principal Place of Business

24181 S. TAMiami TRAIL
SUITE 2
BONITA SPRINGS FL 33923

Mailing Address

24181 S. TAMiami TRAIL
SUITE 2
BONITA SPRINGS FL 33923

2. Principal Place of Business

21 9200 Bonita Beach Rd.

Suite, Apt. #, etc.

22 Suite 210

City & State

23 Bonita Springs, FL.

Zip

24 33923

Country

25 Lee

2a. Mailing Address

26 9200 Bonita Beach Rd.

Suite, Apt. #, etc.

27 Suite 210

City & State

28 Bonita Springs, FL.

Zip

29 33923

Country

30 Lee

3. Date Incorporated or Qualified

10/04/1994

3a. Date of Last Report

02/06/1995

4. FEI Number

65-0525354

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

STEWART, JAMES C JR.
STEWART & STORTER, ATTORNEYS AT LAW
1725 COUNTY ROAD 951, SUITE 106
GOLDEN GATE FL 33999

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 full applicable

(If Not Registered Agent signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OPPLIGER, IRENE
STREET ADDRESS 24181 S. TAMiami TRAIL, SUITE 2
CITY- ST- ZIP BONITA SPRINGS FL 33923

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

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 607, 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

03/19/1996

Day

Daytime Phone #

CR2E034 (12/95)