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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

1996

P94000088558 (9)

THE FOUNTAIN OF YOUTH GROUP, INC.

Principal Place of Business Mailing Address						1 50031001 410 50111 01011 03485 004	II 0 81   60 0; 13 0  16 0	
9714 DEER PONTE VE	R RUN DR ORA BEACH FL 32082		er run dr /edra beach f	FL 32082				
						3. Date Incorporated or Qualified 12/05/1994	3a. Date of Last 05/01/	•
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
21		26				59-3295041		Not Applicable
Suite, Apt. #, etc. 2		Suite, Ap	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	5 Additional e Required	
City & State	e	Oity & St 28	ate			6. Election Campaign Financing Trust Fund Contribution		<b>00</b> May Be led to Fees
Zφ	Country	Zip	T	Country		8. This corporation has liability for it	ntangible tax under	s 199.032,
25		29	30			Florida Statutes X Yes No		
	9. Name and Address of Curr	ent Registered Age	ent			10. Name and Address of New R	egistered Agent	
				81	Name			
BARON L. BARTLETT, P.A. 615 HWY A1A, 101				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
			83					
10111	E VEDRA BEACH FL 32082			84	City:		85	Zıp Code
				04	l Ony		FL   °	zip Oode
SIGNATURE	Signature, typed or period matter at respective risk OFFICERS A	AND DIRECTORS		Fall patrior LA po	disgrature renov-	d when so shang" ADDITIONS/CHANGES TO OFF		
T-TLE	D		DELETE	1.1100.6			Chang	e 🗌 Addition
NAME	KAYE, EDITA			12 NAME				
STREET ADDRESS	9714 DEER RUN DR				LADDRESS			
CitA - St - Sin	PONTE VEDRA BEACH F	L 32082	DELFTE	1.4 CHY-	SI-ZIP		Chang	e Addition
TI*LF	D	Ц	LICITIE	2 1 TIFLE 2.2 NAME			, El o ra ré	c [] Aud (IOII
NAME	SCANLON, GERARD D				LADDRESS			
STREET ADDRESS	9714 DEER RUN DR PONTE VEDRA BEACH F	1 22022		2.4 GiTY -				
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NAME			DELETE	5.2 NAME			☐ Chang	de 🔲 vacition
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STREET ADDRESS CITY ST-ZIF TITLE				5.2 NAME 5.3 STRES 5.4 CITY - 6.1 TITLE 6.2 NAME	1 ADDRESS S1-7.P T ADDRESS			

certify that the information indicated on this angula report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the go poration 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 changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Destine Prene #