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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

City - S1 - Ziř

SIGNATURE:

14. I do hereby certify that the information supplied with certify that the information indicated for this annual cath, that I am an officer or director of the corporation appears in Block 12 or Block 13 if changed, or on a second control of the corporation.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE CTOR

	1996		OF CORPORA	TIONS			
. Corporation	MENT # P950 ATTER CAGE OF OCAL	000013216 A, INC.	(3)				
rinopal Place	of Business	Mailing Address				<b>01</b> 111 <b>0010</b> 1 11000 1111	16801 11818 <b>0</b> 411 1001
500 N.E. 8TH AVENUE 500 N.E. 8TH AVENUE OCALA FL 34470 OCALA FL 34470							
OCALA FL 34	14/0	OCALA FL 34470				12 2	<u>-</u>
					3. Date Incorporated or Qualified 02/15/1995	3a. Date of Las	st Report
Principa! Pia	ce of Business	2a, Mailing Address			4, FEI Number		Applied For
F		26	·		59- 3298610		Not Applicable
Suite. Apt. #	r, etc	Suite, Apt. #, etc	C.		5. Certificate of Status Desired		75 Additional se Required
City & State		City & Stale			6. Election Campaign Financing		.00 May Be
Ζ(ρ	Country	[28] Zip	Coun		Trust Fund Contribution  B. This corporation has liability for its corporation and its corporation in the co	At	ided to Fees
- 47	25	29	30	,		□ No	15 155.002,
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New R	legistered Agent	
DU0E 0	NIADIEA ID		{	1 Name			
	CHARLES JR. . 8TH AVENUE		[6	2 Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
	FL 34470		-	3			<del></del>
			Ļ	4 0			·
				4 City		FL 85	Zip Code
famil ar with SNATURE	n, and accept the obligations of, S Signature, type for printed name of registered	Section 607.0505, Florida Stat agentiare titerhappicable	(NOTE: Registered A		·· <del>······</del>	DATE	
F	D	AND DIRECTORS	13.	F	ADDITIONS/CHANGES TO OFFI	ICERS AND DIREC	····
Ai .	BERMAN, WALTER		1.2 NAM				Ao D Madeau
ECT ADDRESS	500 N.E. 8TH AVENUE		1.3 STR	ET ADDRESS			
- ST-ZIP	OCALA FL 34470		1.4 CITY	-ST-ZIP			
F 	D Sumner, Scott	DELETE	2 1 (17)			☐ Chan	ge 🗌 Addition
AE ELITADDBESS	500 N.E. 8TH AVENUE		2 2 NAM	ET ADDRESS			
- \$1 - 7IP	OCALA FL 34470	•	2.4.0(1)	-ST-ZIP			
.F	D (3	COOLL - PINETE	3 1 117	F		☐ Chan	ge 🔲 Addition
NE	D RUSBER, CHARLES JR. 500 N.E. 8TH AVENUE	Shrund!	3 2 NAM	E   <b>\</b>	Ruse,		
ELL ADORESS			33 SIF	EET ADDRESS	<i>2</i>		
(-SI-ZIF	OCALA FL 34470	FT No. 22		- ST - ZiP		P15 6	
f l		[] DELETE				Chan	ge 🔲 Addition
FET ADDRESS			4.2 NAN 4.3 STR	ET ADORESS			
-ST-ZIP				- ST-ZIP			
F		DELETE	5 1 TITI		· · · · · · · · · · · · · · · · · · ·	[] Chan	ge 🔲 Addition
И			5 2 NAM	E			
EFF ADORESS			5 3 STR	ET ADDRESS			
Y-51-7IF				-ST-ZIP			
F		DELETE				☐ Chan	ge 📋 Addition
Air .	/	$\sim 14 \text{ A}_{\odot}$	6.2 NAM	t			
RELEADDRESS	/	M = VY	60.070	ET ADDRESS			

this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further conduction of supplemental annual rep. It is true and accurate and that my signature shall have the same legal effect as if made under for the receiver or trustee emportered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address. 352 3511515