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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000017558 (4)

1. Corporation Name

Principal Place		Mailing Address				
WINDERMERE FL 34786		636 OAKDALE ST. Windermere Fl 34786				
					3. Date Incorporated or Qualified 03/03/1995	3a. Date of Last Report
Principal Place of Business The Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number 59-33000 58	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	Not Applicable \$8.75 Additional	
City & Stat	e	City & State		·-·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation has liability for	
24	25	29	30		Florida Statutes	□No
9. Name and Address of Current Registered Agent			81 Nan		10. Name and Address of New R	egistered Agent
636 OA	D-BINGHAM, DEENA J KDALE STREET RMERE FL 34786			83	kildress (P.O. Box Number is Not Acceptab	
familiar wi	to the provisions of Sections 607,05t red agent, or both, in the State of Flo th, and accept the obligations of, Se	02 and 607,1508, Florida Stat rida: Such change was autho ction 607,0506, Florida Statut	tutes, the above	Grity Gritamed corporation's b	poration submits this statement for the pur coard of directors. Thereby accept the appo	pose of changing its registered office ontment as registered agent. I am
SIGNATURE:	Signature, typed or printed name of registers, Lag-	entransistem of appelling in	SIOTE Regulated A	spent synalule na		DATE
12.		ND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	DPS DELETE		1 1 111	LE		Change Addition
NAME	LAHOOD-BINGHAM, DEENA JEAN		12 NAM	1F		
STREET ADDRESS	ss 636 OAKDALE ST. WINDERMERE FL 34786		13518	EET ADDRESS		į
CITY-ST-ZIP TITLE	······································			r-SI-ZIP		
NAME	☐ DEFEIF		2 1 111			Change Addition
STREET ADDRESS			2 2 NAN			
C-TY-ST-ZIP				ERI ADDRESS		
TITLE	□ DELETE		3 1 117	'-S'-/IP F		Change
NAME			3.2 NAM			Change Nation
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				- ST - ZIP		
TITLE		DELETE	4. 1 717	~		Change Addition

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is vo'untarily 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 of greetor of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Florida Statutes; and that my name

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE AND TYPED OR PRINTED

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZiP

4.4 CITY - ST-2IP

SIGNATURE:

NAME

THILE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-ZIP

Bingham 4-22-96 876-1365

☐ Change

Change

■ Addition

Add-tion