

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 # P95000021438 (3)

1. Corporation Name
VARIANGEL, P.A.



Principal Place of Business: **% DR. GILLIM, 3319 DOMINICA CT., PUNTA GORDA FL 33950-6372**
Mailing Address: **% DR. GILLIM, 3319 DOMINICA CT., PUNTA GORDA FL 33950-6372**

3. Date Incorporated or Qualified: **03/14/1995** 3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for State, Apt., City & State, Zip, and Country.

4. FEI Number: **65-0564246**
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing: \$8.75 Additional Fee Required, \$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
**GILLIM, SARAH E
12260 S.W. 47 ST.
MIAMI FL 33175-4910**

10. Name and Address of New Registered Agent (81-85)
81 Name: **Gillim, Sarah E**
82 Street Address (P.O. Box Number is Not Acceptable): **3319 Dominica Ct**
83
84 City: **Punta Gorda** FL 85 Zip Code: **33950**

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: *S Gill* (NOTE: Registered Agent signature required when reinstating) Date: **2/3/96**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Sarah Gillim
1.3 STREET ADDRESS	3319 Dominica Ct
1.4 CITY - ST - ZIP	Punta Gorda FL 33950
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Sarah Gillim* Date: **2/3/96** Office Phone #: **941-575-2646**

CR2E034 (12/95)