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 # **P95000024333 (3)**

1. Corporation Name

HART OF PALMS OF S.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
12761 EAGLE ROAD CAPE CORAL FL 33909	12761 EAGLE ROAD CAPE CORAL FL 33909

3. Date Incorporated or Qualified: **03/24/1995**

3a. Date of Last Report:

4. FEI Number: **65-0559224** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

9. Name and Address of Current Registered Agent

HART, CLAUDIA N
12761 EAGLE ROAD
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

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 Section 607.0502 or 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HART, CLAUDIA N	
STREET ADDRESS	12761 EAGLE ROAD	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	☐ DELETE
NAME	HART, TIMOTHY P	
STREET ADDRESS	12761 EAGLE ROAD	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change	☐ Addition
1a. NAME		
1b. STREET ADDRESS		
1c. City-St-Zip		
2. TITLE	☐ Change	☐ Addition
2a. NAME		
2b. STREET ADDRESS		
2c. City-St-Zip		
3. TITLE	☐ Change	☐ Addition
3a. NAME		
3b. STREET ADDRESS		
3c. City-St-Zip		
4. TITLE	☐ Change	☐ Addition
4a. NAME		
4b. STREET ADDRESS		
4c. City-St-Zip		
5. TITLE	☐ Change	☐ Addition
5a. NAME		
5b. STREET ADDRESS		
5c. City-St-Zip		
6. TITLE	☐ Change	☐ Addition
6a. NAME		
6b. STREET ADDRESS		
6c. City-St-Zip		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and complete as of the date of this report for the purposes stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report.

SIGNATURE: Claudia N. Hart — 4/11/96 — (941) 574-3236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Claudia N. Hart, Pres