

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 # P95000027294 (4)

1. Corporation Name

THE LADY OF CORAL SPRINGS, INC.



Principal Place of Business

10650 W ATLANTIC BLVD
CORAL SPRINGS FL 33071

Mailing Address

10650 W ATLANTIC BLVD
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

04/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1297 UNIVERSITY DR.

26 1297 UNIVERSITY DRIVE

4. FEI Number

65-0569739

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

CORAL SPRINGS, FL.

28 City & State

CORAL SPRINGS, FL.

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

Country

33071

29 Zip

33071

Country

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

81 Name

JOAN GRUSKIN

82 Street Address (P.O. Box Number is Not Acceptable)

1297 UNIVERSITY DRIVE

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33071

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

Joan Gruskin

JOAN GRUSKIN

4/23/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GRUSKIN, JOAN
STREET ADDRESS 10650 W ATLANTIC BLVD
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE PRESIDENT
NAME GRUSKIN, JOAN
STREET ADDRESS 1297 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL. 33071

TITLE DST
NAME GRUSKIN, MARK
STREET ADDRESS 1297 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Joan Gruskin JOAN GRUSKIN

4/23/96

954-755-6199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)