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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000033892 (7)

ALIDIOL	NGV	PROFESSIONALS, INC.
KUUIUL	JUGI	THUTESSIUNALS, INU.

Principal Place of Business Mailing Address 1832 PAR PLACE 1838_PAB-PLACE SARASOTA PL 34240 SARASOTA FL 34240 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 4046 Cattlemen Rd. 4046 Cattlemen Rd. 65-0585743 Not Applicable Suite, Apit. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Sarasota Sa<u>rasota</u> Trust Fund Contribution FLAdded to Fees Country USA 8. This corporation has liability for intangible tax under s. 199,032, 34233 USA 25 29 Florida Statutes Yes 🗀 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DOLAN, LESLEY J Street Address (P.O. Box Number is Not Acceptable) 1832 PAR PLACE SARASOTA FL 34240 83 84 Crtv 85 Zip Code 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. J. DOLAN LESLEY 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change ☐ Addition DOLAN, LESLEY J NAME 1.2 NAME 1832 PAR PLACE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34240 C 1Y-S1-7.P 1.4 CITY - ST - ZIP DELETE Addition THE 2. 1 TITLE Change Sec/Treas/VP 1.1M 2 2 NAME Susan M. deBondt STREET ADDRESS 2.3 STREET ADDRESS 1415 Quail Dr. CHY-ST ZIP 24 CITY - ST - ZIP Sarasota,_ FL TIFLE DELETE 3 1 11116 Change Addition 1.100 3.2 NAME STREET ASSESSES 3.3. STREET ADDRESS Offy-SI-2iP 3.4 CHTY - ST - ZIP 1000 DELETE 4 1 THILE Change Addition MARK 4.2 NAME STAFET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 IIII F ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 001Y-S1 ZIP 5.4 CITY - ST - ZIP THEF DELETE 6 1 TITLE Change Addition NAME 6.2 NAME

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 eath; 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 attention with an address.

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CIY SE 7 P

CLESLEY J. DOLAN, PRES. 2-1446
Degree Phone Proce P