FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089664 (3)

	ORT STORE, INC.	Markey Address							
Principal Place of Business Mailing Address									
1000 N MILLS AVE 1103 W HARVARD STRE ORLANDO FL 32803 ORLANDO FL 32804-520									
						3. Date Incorporated or Qualified 11/20/1995	1	e of Last F 3/1996	leport
2. Principal Pa	ace of Business	2a. Mailing Address				4. FEI Number			pplied For
26						59-3346786	Not Applicable		
Suite, Apt. #	, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	ed S8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Ζ(ρ 29	30	intry	-	8. This corporation has liability for Florida Statutes	intangible t Yes		. 199.032,
	9. Name and Address of Currer	t Registered Agent		<u> </u>		10. Name and Address of New Re	gistered A	gent	
	amson, donald s			81	Name				
1103 W HARVARD STREET ORLANDO FL 32804				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
· · · ·				83					
				84	City		FL		Code
SIGNATURE	o the provisions of Sections 607.055 gistered agent, or both, in the State of familiar with, and accept the oblig					oration submits this statement for the pion's board of directors. I hereby acception	ourpose of control	:nanging r intment as	ts registered registered
12.	of Fice RS AN		13.	a A Je	int signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TIFLE	P	DELETE	111	TLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition
NAME	WILLIAMSON, DONALD S		12 N	AME				•	
STREET ADDRESS	1103 HARVARD STREET		135	TREET	ADDRESS				
CITY - ST - ZIP	ORLANDO FL 32804		1.4 0	ITY - S	T-ZIP				
TITLE		L_J DELETE	2.1 7	TLE			L	Change	Addition
NAME			2.2 N	AME	}				
STREET ADDRESS					ADDRESS				
CITY-ST-7/P		DELETÉ	2. 4 C		ST-ZIP			Change	Addition
NAME	• , "	DEEL IL	3.2 N		\ \		_	Unange	1.000001
STREET ADORESS					AODRESS				
CITY-ST ZIP					ST-ZIP				
TITLE		DELETE	4.1 1					Change	Addition
NAME			4.21	AME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
C:TY-S1-ZIP	<u> </u>		4.4 C	11Y-S	T-ZIP				
TITLE		L_ DELETE	5 1 T	TLE	İ		[Change	Addition
NAME			52 N)				
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		DELETE			I - ZIP			Change	Addition
TITLE		F) pricir	61 T		-		ι	T rivinge	MODITION
NAME CTOTAL HOSPICES			62 N		ADDRECO				
STREET ADDRESS			ł		ADDRESS				
14. I do hereb	y certify that the information supplie	d with this filing does not quali			T-ZIP Imption states	d in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	t the
information Lam an of	indicated on this annual report or :	supplemental annual report is to the receiver or trustee empore	true and vered to a	acci	urate and that	t my signature shall have the same legant as required by Chapter 607, Florida (al effect as l	if made ur	nder oath; tha

SIGNATURE:

FILED

Jan 14 1997 8:00am

Secretary of State