

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000091026 (1)**

1. Corporation Name
PUNTA GORDA BLOSSOM, INC.



Principal Place of Business
**212 W. MARION AVENUE
PUNTA GORDA FL 33950**

Mailing Address
**212 W. MARION AVENUE
PUNTA GORDA FL 33950**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**AGABEDIS, PETER J
321 ISLAMORADA
SUITE B-31
PUNTA GORDA FL 33955**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date of Incorporation or Qualified

11/27/1995

3a. Date of Last Report

4. FEI Number

65-0628688

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 set forth in 607.0503, Florida Statutes.

SIGNATURE: *Peter J Agabedis* Res. *Peter J Agabedis*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AGABEDIS, PETER J	
STREET ADDRESS	321 ISLAMORADA, B-31	
CITY-STATE-ZIP	PUNTA GORDA FL 33955	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	AGABEDIS, SANDRA L	
STREET ADDRESS	321 ISLAMORADA, B-31	
CITY-STATE-ZIP	PUNTA GORDA FL 33955	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied on this form is entirely true and correct, and that, by my execution of this Section 119.04(3)(b), Florida Statutes, I further certify that the information included on this annual report or supplementary annual report is true and correct, 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 a registered agent or transfer agent reported to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or an alternate block for an address.

SIGNATURE: *Peter J Agabedis* Res. *Peter J Agabedis* 4-8-96 941-689-3944

CR2E034 (12/95)