

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000097322 (8)

1. Corporation Name

PALM KIA OF OCALA, INC.



Principal Place of Business

11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

Mailing Address

11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report
Initial Filing

2. Principal Place of Business

2a. Mailing Address

21 2305 S.W. College Road

26 2345 Okeechobee Blvd.

4. FEI Number
59-3352710

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 Ocala, FL

28 West Palm Beach, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33474

25 U.S.

29 33409

30 U.S.

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

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

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 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

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D/S ☐ Change ☒ Addition
1.2 NAME Cuillo, Robert S.
1.3 STREET ADDRESS 2345 Okeechobee Blvd.
1.4 CITY-ST-ZIP West Palm Beach, FL 33409

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D/P ☐ Change ☒ Addition
2.2 NAME Canzaro, Anthony
2.3 STREET ADDRESS 2305 S.W. College Road
2.4 CITY-ST-ZIP Ocala, FL 33474

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D/V ☐ Change ☒ Addition
3.2 NAME Rice, Roger
3.3 STREET ADDRESS 2305 S.W. College Road
3.4 CITY-ST-ZIP Ocala, FL 33474

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE AS/AT ☐ Change ☒ Addition
4.2 NAME Cuillo, Robert A.
4.3 STREET ADDRESS 2345 Okeechobee Blvd.
4.4 CITY-ST-ZIP West Palm Beach, FL 33409

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE AT ☐ Change ☒ Addition
5.2 NAME Hotary, Michael
5.3 STREET ADDRESS 2345 Okeechobee Blvd.
5.4 CITY-ST-ZIP West Palm Beach, FL 33409

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

Michael Hotary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

429-96 (407) 478-3509

CR2E034 (12/95)