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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000004748 (5)

AMERICAN BETTER LIVING OF FLORIDA, INC.

**FILED** May 07 1998 8:00am Secretary of State

|--|

Principal Place	of Business	Mailing Address	• •	I HODICEDI HER COLUR DHUIL BUILL DREHF H	'Altri Mërit Batil Dinis indel about batt sont	
2095 US 17 N P O		P O BOX 453 SEVILLE FL 32190	P O BOX 453 SEVILLE FL 32190		DO NOT WRITE IN THIS SPACE	
				<ol> <li>Date Incorporated or Qualified</li> <li>01/09/1996</li> </ol>		
2. Principal Pl	ace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For	
21	$\vdash$		>/	59-3360898	Not Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional		
		27			Fee Required	
City & State	•	28 Crescent City	Y, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	29 2 32112 30 C	USA	This corporation owes or has p     Personal Property Tax due Jun	ie 30. 🔼 Yes 🗌 No	
g. Name and Address of Current Registered Agent				10. Name and Address of New R	egistered Agent	
	EWART, VIRGINIA		81 Name	Shew/ L. Strok	العد	
	PALM AVE		82 Street A	Idress (P.O. Box Number is Not Accept	rhie)	
CRI	ESCENT CITY FL 32112		83	118 NI HOSPECT	SC,	
			63			
			84 City	nescent City	FL 85 7350912	
11. Pursuant to the provisions of Soctions 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 Btatu 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 objection 697.0505, Florida Statutes.						
agent. I am familiar with, and accept the officiations of, Section 697.0505, Florida Statutes.						
SIGNATURE	Signalue typed or printed within of regulated age	ent and title if armin while (NOTE Brois)	tellud Apent signature re	quired when reinstating)	DATE	
12.			3.	ADDITIONS/CHANGES TO OFF		
TITLE	P		1 TITLE		Change Addition	
NAME	STROBEL, SHERYL L	1.	2 NAME			
STREET ADDRESS	718 N PROSPECT ST	1.	3 STREET AODRESS			
CITY-ST-ZIP	CRESCENT CITY FL		4 CITY - ST - ZIP			
TITLE	V CTDVART IOURIUUR	DELETE 2:	1 TITLE		Change Addition	
NAME	STEWART, JOHN H JR	2:	2 NAME			
STREET ADDRESS	224 PALM AVE		3 STREET ADDRESS			
CITY-ST-ZIP	CRESCENT CITY FL		4 CITY-ST-ZIP	57/F	Change Addition	
TITLE	STROBEL, TOOD L	_	1 TITLE	VD		
NAME PERFET ADDRESS	718 N PROSPECT ST		2 NAME 3 STREET ADDRESS	STROBEL TODAL TIS N. PLOSPECT ST	,	
STREET ADDRESS CITY-ST-ZIP	CRESCENT CITY FL		4. CITY-ST-ZIP	CLESCENT CITY FL	32112	
TITLE			1 TITLE		Change Addition	
NAME		_	2 NAME			
STREET ADDRESS			3 STREET ADORESS			
CITY-ST-ZIP		4	4 CITY - ST - ZIP			
TITLE			1 TITLE		☐ Change ☐ Addition	
NAME		5.	2 NAME			
STREET ADDRESS		5.	3 STREET ADDRESS			
CITY-ST-ZIP			4 CITY - ST - ZIP			
TITLE		DELETE 6.	1 TITLE		Change Addition	
NAME		6.	2 NAME			
STREET ADDRESS		6.	3 STREET ADDRESS			
CITY-ST-ZIP			4 CITY-ST-ZIP	in Continu 140 07/20/5) Florida Drei	I further costify that the information	
44 I hereby c	ertify that the information supplied w	with this filling does not qualify for the	exemption stated	in Section 119.07(3)(i). Florida Statutes.	I further certify that the information	

indicated on this annual report or supplied with this ning does not quality or the exemption stated in section 119.07(3)(i), riorida statutes. Indicate the indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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 attachmore with an address.