'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 # P96000017052 (7)

H & S OF WINTER PARK, INC.

Principal	Place	of	Business
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Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



CASSELBERRY FL 32707			CASSELBERRY FL 32707-3862							
							3. Date Incorporated or Qualified 02/22/1996	3a. Date of Last	ate of Last Report	
2. Principal Place of Business		2a.	2a. Mailing Address			4. FEI Number		Applied For		
21		26	26		54-3356402 Not		lot Applicable			
Suite, Apt. #, etc.			Surte, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional					
22			27				Fee Required			
City & State			├ า	City & State			6. Election Campaign Financing \$5.00 May Be			
Zip Country			28	Zip Country			Trust Fund Contribution Added to Fees			
24	-	25	29	2·1/2	30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
241		and Address of C		ered Agent	130		10, Name and Address of New Registered Agent			
HED	GES, RONA	ALD F ESO.	_		B1	Name				
		WN ROAD STE	302		82	Stroot Adv	dress (P.O. Box Number is Not Acceptate			
	SELBERRY				52	Silber Adi	uress (r.o. box namber is not Acceptat	ne)		
0.10					83					
					84	City		85 Z ₁	Code	
						City		FL S 2	Code	
11. Pursuant t office or re agent. I ar	to the provision egistered ago m familiar with	ons of Sections 60 int, or both, in the n, and accept the	7.0502 and 60 State of Flend obligations of,	7.1508, Florida Statu a. Such change was Section 607.0505, F	ites, the above authorized h lorida Statute	re-named co by the corpora s.	rporation submits this statement for the parties alon's board of directors. I hereby accept	ourpose of changing of the appointment a	its registered is registered	
SIGNATURE .	Signature, typed c	r printed name of register	red agent and title it	Inpplicable (NO	i Registered Ag	pent signature raq	uired when reinstating)	DA*I.		
12.		OFFICER	S AND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12	
TITLE	D			☐ DELETE	1.1 10716			☐ Change	Addition	
NAME		VALERIE L			1.2 NAME					
STREET ADDRESS		nytown road			1.3 STREE	1 AUDRESS			1	
CITY-ST-ZIP	CASSELE	ERRY FL 32707	,		1,4 CITY -	S1-7IP				
TITLE	D	·		DELETE	2.1 1111.6			☐ Change	Addition !	
NAME		TZ, JILL S ESQ			2.2 NAME					
Street address		NYTOWN ROAD				1 ADDRESS				
CITY-ST-ZIP		ERRY FL 32707		DELETE	2. 4 C(1)	S1 - Z(P		Change	Addition	
TITLE	D MEDOES	DOMAID E EC	n	☐ NECELE	3 (1/1)[Change	Moullion	
NAME		RONALD E ES NYTOWN ROAD			3.2 NAM8					
STREET ADDRESS		ERRY FL 32707				1 ADDRESS				
CITY-ST-ZIP TITLE	UNUULL	FEMILIA I L OZIVI		DELETE	3.4. CITY 4.1 TITLE	-51-20		Change	Addition	
NAME					4 2 NAM	:				
STREET ADDRESS						1 ADDRESS				
CITY-ST-ZIP					4.4 CITY-					
TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	5 1 TITLE			Change	Addition	
NAME					5.2 NAME					
STREET ADORESS					5 3 STREE	T ADDRESS				
CITY-ST-ZIP					5.4 CITY-	ST-ZIP			_	
TITLE	14			DELETE	61 THUE			☐ Change	Addition	
NAME	*				6 ? NAME					
STREET ADDRESS					6 3 STREI	1 ADDRESS			ļ	
CITY-ST-ZIP		···			6.4 CITY	ST-ZIP				

I do hereby certify that the information supplied with this filing 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 is upplemental 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 truetee emported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if cl