

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000049837

ORIGINAL FOLIE ASSOCIATION OF AMERICA, INC.

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90011 002 \*\*\*150.00



Principal Place of Business  1850 TIMBERS WEST BOULEVARD ROCKLEDGE FL 32955  1850 TIMBERS WEST BOULEVARD ROCKLEDGE FL 32955  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 06/11/1996  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 2f											
Country   2p	Principal Place of Business Mailing Address							\$ (001100) JIM IRIIA RIIII RDIŞI BI	isti <b>na</b> sti <b>na</b> tsi	#1610 16101 16100	()111 1881 1881
Principal Place of Business   2s. Mailing Address   4s. FER humber   2st   2st   2st   3st   5s-3384122   5								DO NOT WRI	DO NOT WRITE IN THIS SPACE		
Sule, Apt. 8, etc.  Sule, Apt. 9, etc.  Sule,								1			
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite   Suit	Principal Place of Business     2a. Mailing Address									App	plied For
S. Certificate of Status Desired   Fee Required   Fee Required   Fee Required   Fee Required   Status Desired   Fee Required	21		26					59-3384122			
Zip   Country   Zip	<del></del>	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certifcate of Status Desired			
25   28   29   30   Personal Property Tax	City & State	· · · · · · · · · · · · · · · · · · ·	`	28							
9. Name and Address of Current Registered Agent  FEINER, BALZ 1850 TIMBERS WEST BLVD. ROCKLEDGE FL 32955  11. Pursuant to the provisions of Sections 607.0592 and 607.1598. Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, are body into State of Route. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered diffice or registered agent, are body into the State of Route. Such change was authorized by the corporation's board of directors. I heraby accept the appointment as registered diffice or registered agent, and sort and sort registered agent and sort and sort registered agent. Fail and the state of Route in the	Zip	Zip Country Zip			Country						
FEINER, BALZ 1850 TIMBERS WEST BLVD. ROCKLEDGE FL 32955  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, are 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, are 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CMANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  PSITD   DELETE   11 TITLE     Change   Addition   PEINER, BALZ  13. STREET ADDRESS  14. CITY-ST-2P  TITLE   DELETE   3 TITLE   Change   Addition   PEINER, BALZ  14. CITY-ST-2P  TITLE   DELETE   3 TITLE   Change   Addition   PEINER ALDRESS   ACITY-ST-2P   Change   Addition   PEINER ALDRESS   AC	24	25 29 30			30						LJNo
FEINER, BALZ 1850 TIMBERS WEST BLVD. ROCKLEDGE FL 32955  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 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 and accept the obligations of, Section 607.0502, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  PSTD  OFFICERS AND DIRECTORS  13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. TITLE  PSTD  OFFICERS AND DIRECTORS IN 12  12. NAME  FEINER, BALZ  13. STREET ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  CITY-ST-2P  OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  CITY-ST-2P  OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  CITY-ST-2P  OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  CITY-ST-2P  OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  CITY-ST-2P  OFFICERS AND DIRECTORS IN 12  22. NAME  33. STREET ADDRESS  CITY-ST-2P  OFFICERS AND DIRECTORS IN 12  Addition  NAME  STREET ADDRESS  CITY-ST-2P  OFFICERS AND DIRECTORS IN 12  Addition  ADDRESS  CITY-ST-2P  OFFICERS AND DIRECTORS IN 12  ADDRESS  ADDITIONS/CHANGES IN 12  Change Addition  ADDRESS  CITY-ST-2P  Addition  ADDRESS  ADDRE		9. Name and Address of Curr									
1850 TIMBERS WEST BLVD. ROCKLEDGE FL 32955  83  14 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above neuroned corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the populational as registered agent, an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, hope or private required degree and tile if spoketable.  NOTE: Required Agent signature required when remindative)  12						81	Name				
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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  SIGNATURE  12. OFFICERS AND DIRECTORS (NOTE Registered Agent signature required when retraiting)  DATE  12. OFFICERS AND DIRECTORS IN 12.  TITLE  PSTD OBLETE  11. TITLE  PSTD CHange Addison  FEINER, BALZ  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  DELETE  12. TITLE  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZP  DELETE  13. STREET ADDRESS  CITY-ST-ZP  DELETE  14. CITY-ST-ZP  DELETE  15. TITLE  DELETE  31. TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DELETE  13. TITLE  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ROC		83								
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Signature, byted or printed regards and take if applicables.   NOFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. I nereby accept the appointment as registered										
12.	SIGNATURE						***				
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	1				6.3 ST	REET	ADDRESS				ļ

14. I 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 of 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP