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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000085730 (5)

1. Corporation Name

FOUNTAIN OF YOUTH ASSOCIATES, INC.

Principal Place of Business

Mailing Address

15400 ORANGE BOULEVARD
LOXAHATCHEE FL 33470-3441

POST OFFICE BOX 210822
WEST PALM BEACH FL 33421-0822



2. Principal Place of Business

21 887 Camellia Dr.

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach FL

24 Zip 33411

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/15/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0699900

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

9. Name and Address of Current Registered Agent

BURKS, RANDALL
15400 ORANGE BOULEVARD
LOXAHATCHEE FL 33470-3441

10. Name and Address of New Registered Agent

81 Name

Burks, Randall

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

887 Camellia Dr.

83

84 City

West Palm Beach

FL

85 Zip Code

33411

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

Randall D. Burks

4-27-1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BURKS, RANDALL
STREET ADDRESS POST OFFICE BOX 210822
CITY-ST-ZIP WEST PALM BEACH FL 33421

TITLE D ☐ DELETE
NAME BURKS, SANDRA
STREET ADDRESS POST OFFICE BOX 210822
CITY-ST-ZIP WEST PALM BEACH FL 33421

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, T, S ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 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: Randall D. Burks Randall D. Burks 4-27-97 561-792-0417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)