## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE: \_\_

S12848

(5)

CENTRAL FLORIDA MEN'S HEALTH CENTER, INC. Mailing Address Principal Place of Business **801 NORTHSHORE DRIVE 801 NORTHSHORE DRIVE EUSTIS FL 32726** EUSTIS FL 32726 3a. Date of Last Report 3. Date Incorporated or Qualified 11/13/1990 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2986872 Not Applicable 26 21 \$8,75 Additional Suite. Apt #, etc. Suite, Apt. #, etc Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032, Country Country Ζıρ Florida Statutes ີ] Yes [ີ] No 30 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SEMENTO, LAWRENCE J. Street Address (P.O. Box Number is Not Acceptable) 531 NORTH BAY ST 82 **EUSTIS FL 32726** 83 85 Zip Code City 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or protect had endings, dered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE E034 1.2 NAME CASSELL, JACK L NAME 1.3 STREET ADORESS **801 NORTHSHORE DRIVE** STREET ADDRESS 1.4 CITY - ST- ZIP **EUSTIS FL** CHY-ST-ZIP Change Addition DELETE 21 TilLE TITLE CARTWRIGHT, CHARLES K. 2.2 NAME NAME **801 NORTHSHORE DR** 23 STREET ADDRESS STREET ADORESS **EUSTIS FL** 2 4 CITY - ST-7IP CITY-ST-ZIP Change Addition DELETE 31 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-SI-ZIP CHTY-ST-ZIP Change Addition DELETE 4.1 TITLE TIFLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY-ST-7IP CITY-ST-ZIF Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 1 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 office of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and CITY-ST-ZIP that my name appears in Block 12 o or on an attachment with an address

SIGNING OFFICER OR DIRECTOR

Daytime Phone #