**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **S56860** **(7)**

1. Corporation Name
**GROWTH CENTERS OF AMERICA, INC.**

Principal Place of Business
~~POST OFFICE BOX 21349~~
~~WEST PALM BEACH FL 33416~~

Mailing Address
~~POST OFFICE BOX 21349~~
~~WEST PALM BEACH FL 33416~~

3. Date Incorporated or Qualified: 05/30/1991
3a. Date of Last Report: 01/13/1995

2. Principal Place of Business
21 | 251 ROYAL PALM WAY
Suite, Apt. #, etc.
22 | SUITE 602
City & State
23 | PALM BEACH
24 | Zip: 33480
25 | Country: PALM BEACH

2a. Mailing Address
26 | 251 ROYAL PALM WAY
Suite, Apt. #, etc.
27 | SUITE 602
City & State
28 | PALM BEACH
29 | Zip: 33480
30 | Country: PALM BEACH

4. FEI Number: 65-0407279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — **$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 ☒ No

**9. Name and Address of Current Registered Agent**

SCHILLING, CHRISTOPHER J
215 ROYAL PALM WAY
SUITE 602
PALM BEACH FL 33480

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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, typed or printed name of registered agent and title if applicable — DATE (Registered Agent signature required when reinstating) — DATE

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARTMAN, MICHAEL C<br>251 ROYAL PALM WAY<br>PALM BEACH FL 33480 | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JACKSON, J. RANDALL<br>251 ROYAL PALM WAY<br>PALM BEACH FL 33480 | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARRIGAN, JACK B<br>251 ROYAL PALM WAY<br>PALM BEACH FL 33480 | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLANDERS, JERRY L<br>251 ROYAL PALM WAY<br>PALM BEACH FL 33480 | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHILLING, CHRISTOPHER J<br>251 ROYAL PALM WAY<br>PALM BEACH FL 33480 | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KIRK, ALAN<br>251 ROYAL PALM WAY<br>PALM BEACH FL 33480 | ☐ DELETE |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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. 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:** Michael Hartman, President — 1/26/96 — (407) 798-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)