

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V36568 (6)**

1. Corporation Name
HILDA R. GARCIA, P.A.



Principal Place of Business: **4630 S. KIRKMAN RD STE 198 ORLANDO FL 32819 US**
Mailing Address: **4630 S. KIRKMAN RD STE 198 ORLANDO FL 32819 US**

2. Principal Place of Business: **4630 S. Kirkman Rd Suite 198 ORLANDO, Fla 32819 USA**
2a. Mailing Address: **4630 S. Kirkman Rd Suite 250 ORLANDO, Fla 32819 USA**

3. Date Incorporated or Qualified: **05/13/1992**
3a. Date of Last Report: **05/01/1995**
4. FL Number: **59-3124838**
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: **SWART, HARRY J 717 EAST OAK STREET SUITE 203 KISSIMEE FL 34744**

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. The hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, HILDA R	12 NAME	
STREET ADDRESS	4630 S. KIRKMAN ROAD, STE 198 250	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOTH, DOLORES D.	22 NAME	
STREET ADDRESS	4630 SO KIRKMAN RD, STE 198 250	23 STREET ADDRESS	V. Quiles, Jose R 90 4630 S. Kirkman Rd Suite 250
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO, Fla. 32819
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUILES, JOSE R	32 NAME	
STREET ADDRESS	C/O 4630 S. KIRKMAN ROAD, SUITE 198 250	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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. I further certify that the information indicated on this annual report or supplement is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons 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 affidavit.

SIGNATURE: *Hilda R. Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HILDA R. GARCIA - Director

48-96 407 846-1987

CR2E034 (12/95)