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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

V44220 **DOCUMENT #**

(4)

BETTER LIVING CENTER OF SEMINOLE COUNTY, FLORIDA , INC.

9. Name and Address of Current Registered Agent

Principal Place of Business 100 2ND AVE. S. 4TH FLOOR. NORTH TOWER ST. PETERSBURG FL 33701

2. Principal Place of Business

22

201 SUNS

Mailing Address

100 2ND AVE. S. 4TH FLOOR, NORTH TOWER ST. PETERSBURG FL 33701

3. Date incorporated or Qualified 06/17/1992

3a. Date of Last Report 08/22/1995

Applied For Not Applicable \$8.75 Additional

5. Certificate of Status Desired 6. Election Campaign Financing

59-3138231

4. FEI Number

Fee Required \$5.00 May Be

Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Yes No

Florida Statutes 10. Name and Address of New Registered Agent

FELDER, BENJAMIN 100 2ND AVE. S. 4TH FL N. TOWER ST. PETERSBURG FL 33701

BI Name Street Address (P.O. Box Number is Not Acceptable) 82 83 Zip Code 84 Crtv

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. DATE

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STREET ADDRESS 14. If do hereby certify that the information supplied with this fining is voluntarily turnished 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 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 certify 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

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME