| CORPORATION<br>ANNUAL REPORT<br>1995  |  |  | Sandra F<br>Secretar                                    |                                   | B Morthan<br>tary of State  |  |  |   |  |                     |   |  |  |
|---|--|--|---|-----------------------------------|---|--|--|---|--|---------------------|---|--|--|
| <ul> <li>Corporation</li> </ul>   | MENT #<br>n Name<br>(INS & COMP  | 368731<br>ANY  |   | (6)                               |   |  |  |   |  |                     |   |  |  |
| Principal Place of Business Mailing Address   |  |  |   |                                   |   | _  |  |   |  |                     |   |  |  |
| O BOX 10022<br>O. BOX 10022<br>AMPA FL 33679<br>IS  |  |  | P O BOX 10022<br>P.O. BOX 10022<br>TAMPA FL 33679<br>US |                                   |   |  |  | DO NOT WRITE IN THIIS SPACE.  3. Date Incorporated or Qualified 3a. Date of Last Report |  |                     |   |  | ort  |
| . Principal P   | lace of Business   | *****  | 2a. Mailing   | Address                           |   |  |  | 08/24<br>4. FEI Num   | <b>/1970</b><br>ber  |                     | 05/01   | <del></del>  | plied For  |
| Suite, Apt.   | # etc  |  | 26 Suito  | Apl. #, etc.                      |   |  |  | 59-13   | 06628  |                     |   | No.  | t Applicable   |
|   | 94 · Ma · Jan · Ja |  | 27  |                                   |   |  |  | 5. Certifica  | te of Status Desirer   | d                   | <u> </u>  | 8.75 /<br>Fee Re   | Additional<br>equired                                  |
| Orty & Stat   | e  |  | City & :  | State                             |   |  |  |   | Campaign Financin  | ng                  |   | <b>5.00</b><br>Added t   | May Be   |
| Zip   | 25   | ountry   | <i>Z</i> ip   |                                   | Coun  | itry   |  | 8. This con<br>Florida S  | poration has liability<br>statutes   | Yes                 | angible tax un  | der S. 1   |  |
|   | y. Name and  | Address of Current   | Hegislered A  | gent                              |   | B1 N   | lame   | 10. Name a  | nd Address of No   | ew Reg              | Istered Age   | nt   |  |
|   | NS, RICHARD C  |  |   |                                   | ļ <sub>ā</sub>  | B2 S   |  | ace (D.O. Dev. N  | umber is Not Acce  | ntablet             |   |  | · · · · · · · · · · · · · · · · · · ·                  |
|   | LAR AVE  |  |   |                                   | ļ.  |  | treet Addr   |   |  |                     |   |  |  |
| TAMPA   | FL 33609   | Sections 607.0502 a  | ind 607.1508,   | Florida Statuti                   | es the show   | 83<br>84 C   | ity  | estion automite the   | in etalograph for the  |                     | FL  | 5 Zip C  | Salarad affi   |
| TAMPA  Pursuant or registe familiar w GNATURE   | FL 33609  to the provisions of red agent, or both, ith, and accept the Signature, typed or period.   | Sections 807.0502 a<br>in the State of Florida<br>obligations of, Section<br>dramic chiefedeud agenca<br>OF FICERS AND | stion change<br>is 607.0505, FI                         | e was authoriz<br>Iorida Statutes | es, the above<br>ed by the co   | 84 Core-namorpora  | ity<br>led corpor<br>tion's boar   | ration submits the red of directors. I  | in etalograph for the  | e purpor<br>appoint | se of changin<br>ment as regii<br>DATE<br>RS AND DIR  | g its reg<br>stered as   | istered offi<br>gent. I am                             |
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