FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	96	DIVISION OF C	JOHN GRATIONS	-			
OCUME Corporation Nar THE OAK	ENT # NO 1 2	S \	SCINTION, INC				
1428 N.	Business HOTERTY MEMT, INC SCIH STARRT	Mailing Address 0/0 WISE PROPE 7628 N. 567 Suite 8	erty Mont, the	3. Date incorporated or dod.	3a. Da	ite of Last Re	port
B 3TINE		THMPN, FL	33417	01/27/1984	/	4/95 Applied For	
TAMPA, 1	FL 33417	2a. Mailing Address		4. FEI Number		<u> </u>	t Applicable
2. Principal Place	of Business	26		59-2388426		\$8.75	
1	oto	Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Re	
Suite, Apt. #, €	eic.	27		Election Campaign Financing		\$5.00	May Be
City & State		City & State		Trust Fund Contribution		Added !	to Fees
3		28	Country	This corporation has liability for	intangible t	ax unders 1	99.032,
Zip	Country	Zıp	Country	Florida Statutes	L Yes L		
-	25	29	30	10. Name and Address of New I	Registered	Agent	
	9. Name and Address of Currer	nt Hegistered Agent	81 Name				
SPIVEY, U	WILLIAM C.	·	82 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	AZATU MANAGEMEN	1 Thr.	GAICE. ACC				
W 1 3 W 1 1 1 1 1	SCIH STREET		83				
1628 N	1628 N. SGTH STREET				F	85 Zip	Code
SUITE 8	E. 2243		84 City	poration submits this statement for the ploard of directors. I hereby accept the an		i e i e ito co	egistered office
fan Miar with	n, and accept the obligations of, Sec	otion 617.0503, Florida Statut ortandisteri apriidatilio	es. NOTE: Registered Agent signature resp. 13.		DATE		
12.	OFFICERS A	ND DIRECTORS	1 1 TO'LE			T change	LI Augmon
TITLE	PD GAGY		1.2 NAME				
NAME	CASPER, GARY	REET, W-4	13 STREET ADDRESS				
1 - 1	T. AA E 3261	13	1.4 CHY-ST-ZIP			☐ Change	Addition
CITY - ST - ZIP	THEMPA, FL 3361		2.1 TITLE				
TITLE	DT UALDES FAYE		2 2 NAME				
NAME ADDRESS	VALDES FAYE	et, alpha 38	23 STREET ADDRESS				
gillion rate.	TAMPA, FL 336	13	2 4 CHY - 91 - ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE			3 1 TITLE				
NAME	PERREAULT, DOUGL	AS ALL TO	3 2 NAME				
STREET ADDRESS	14100 N. 46TH STREE	et, Alpha 57	3 3 STREET ADDRESS				
	TAMPA, FL 32	913	34 CITY-ST-ZIP			Change	Addition
CITY-ST-ZIP TITLE	10000	DELETE	41 TITLE				
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP	9000018 -05/21/960	331	C The Contract	e 🔲 Additio
TITLE		DELETE		-05/21 <u>/</u> 96t	J1025=	-004	
NAME			5 2 NAME	***70.00			
STREET ADDRESS	s		53 STREET ADDRESS	\			
CITY-ST-ZIP			5 4 CITY - ST - ZIP			Chang	je 🔲 Additi
		DELETE					
I TITLE	1		6.2 NAME	Į.			
TITLE						-10	icial.
NAME			6 3 STREET ADDRESS	ualify for the exemption stated in Section accurate and that my signature shall have	5	-19-	1996

I do hereby certify that the information supplied with this fing 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 arrival 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

PEO OF PRINTER AME OF SIGNING OFFICER OR MRECTOR

Dayti ne Phone #