

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N01408** (6)

1. Corporation Name

SUPERSTARS OF HILLSBOROUGH, INC.

Principal Place of Business

201 N FRANKLIN STREET
2700
TAMPA FL 33602
US

Mailing Address

C/O SHIFINO & FLEISCHER, P.A.
201 N FRANKLIN STREET, SUITE 2700
TAMPA FL 33602
US



3. Date Incorporated or Qualified
02/13/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2851465

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 2534 W. Fern St.

26 Suite, Apt. #, etc.
27 2534 W. Fern St.

23 City & State
Tampa, Florida

28 City & State
Tampa, Florida

24 Zip
33614

25 Country
US

29 Zip
33614

30 Country
US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINZEL, BONNIE J
201 N FRANKLIN STREET
SUITE #2700
TAMPA FL 33602

81 Name
LETO, GAETANO T.
82 Street Address (P.O. Box Number is Not Acceptable)
2534 W. Fern St.
83
Tampa, Florida
84 City

FL 85 Zip Code
33614

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Gaetano T. Leto* (Gaetano T. Leto)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/11/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME ARMSTRONG, ANN MARIE
STREET ADDRESS 683 N GROVE DRIVE
CITY-ST-ZIP LAND O' LAKES FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME BALLAS, JANE
STREET ADDRESS 2506 LANCER DRIVE
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VP/D
2.3 STREET ADDRESS ZONA HIRSCHFELD
2.4 CITY-ST-ZIP P. O. Box 261734 N/A
Tampa, Florida 33685

TITLE VD ☐ DELETE
NAME BEGGS, BARBARA
STREET ADDRESS 14052 BRIARDALE LANE
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME PD
3.3 STREET ADDRESS BARBARA BEGGS
3.4 CITY-ST-ZIP 14052 Briardale Lane
Tampa, Florida

TITLE S ☐ DELETE
NAME LETO, GRETRAO T
STREET ADDRESS 2534 U. FERA ST.
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME SD
4.3 STREET ADDRESS GAETANO T. LETO
4.4 CITY-ST-ZIP 2534 W. Fern St.
Tampa, Florida 33614

TITLE T ☐ DELETE
NAME SLOAN, RHONDA
STREET ADDRESS 503 W. IDLEWILD AVE.
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AT ☐ DELETE
NAME PRESTI, ANDREW L
STREET ADDRESS 2527 IVY STREET
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME AT
6.3 STREET ADDRESS ANDREW R. LOPRESTI
6.4 CITY-ST-ZIP 2527 W. Ivy St.
Tampa, Florida 33607

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gaetano T. Leto* Gaetano T. Leto 4/11/96 (813) 877-2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)