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NUMPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1

1996

DOCUMENT: # · N07132

(6)

ncipal Piace of 301 SEMINOLI STE 172 ARGO FL 346	E BLVD.	Mailing Address 1301 SEMINOLE BLVD. STE 172 LARGO FL 34640		Date Incorporated or Qualified	3a. Date o	of Last Re	eport
JS		US		01/15/1985	01	1/27/199	
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59-2578772		<u> </u>	plied For at Applicable
		Suite, Apt. #, etc.		38 2370772			Additional
Suite, Apt. #,	etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired		Fee Re	
City & State		City & State		6. Election Campaign Financing		\$5.00	
		28	Country	Trust Fund Contribution 8. This corporation has liability for in		Added to	
Zip	Country 25	Zip 3	Country	Florida Statutes	📘 Yes 🔼 No	0	JJ.55E,
	9. Name and Address of Currer			10. Name and Address of New Re	egistered Ag	ent	
				TERLING FIN. & NGALT 13			
LOEFFLE	r, kar l		82 Street Add	ress (P.O. Box Number is Not Acceptabl	le)		
	MINOLE BLVD.		00	Seminole BIVA,			
STE 172			\°°° \	WIE 172			
LARGO F	L 34640	ما	84 City	LARGO	FL	85 Zio 1	Code /b YD
	- $ -$	<i>}</i>					aistared offic
	the contraction of Chattana 617 (TEO)	2 and 617 1508 Florida Statutes	the above-named corpo	pration submits this statement for the purp	pose or chang	ging its reg	gisterea oni
 Pursuant to or registere 	the provisions of Sections 617 1602 d agent, or both, in/the State of Pori	2/and 617.1508, Florida Statutes, da. Such change was authorized l	the above-named corpo by the corporation's boo	oration submits this statement for the purp ard of directors. I hereby accept the appo	pose of chang pintment as re	ging its reg gistered a	agent. I am
or registere familiar with	o the provisions of Sections 617 £50 of agent, or both, in/the State of hor n, and accept the edipations of Sec	2/and 617.1508, Florida Statutes, da. Such change was authorized l on 617.0503, Florida Statutes.	by the corporations on	oration submits this statement for the puri and of directors. I hereby accept the appo	pose of chang ointment as re	ging its rec egistered a	gistered om agent. I am
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-559-0400 Obstime Prone #