

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000058928 (0)**

1. Corporation Name  
**MAMMOTH MEMORY, INC.**



Principal Place of Business  
**2640 118TH AVENUE NORTH  
ST. PETERSBURG FL 33716**

Mailing Address  
**2640 118TH AVENUE NORTH  
ST. PETERSBURG FL 33716**

3. Date Incorporated or Qualified **08/10/1994**      3a. Date of Last Report **06/29/1995**

4. FEI Number **59-3259583**      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. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip      Country

24.      25.      26. Mailing Address **C/O Ann E. Pointer, Esq.**

26. **13535 Feather Sound Drive**

27. Suite, Apt. #, etc. **Suite 327**

27. City & State **Clearwater, FL**

28. Zip      Country **USA**

29. **34622**      30. **USA**

9. Name and Address of Current Registered Agent

**POINTER, ANN E  
2600 118TH AVE NORTH  
SUITE 800  
ST PETERSBURG FL 33716**

10. Name and Address of New Registered Agent

81. Name **Same**

82. Street Address (P.O. Box Number is Not Acceptable) **13535 Feather Sound Drive**

83. **Suite 327**

84. City **Clearwater**      FL      85. Zip Code **34622**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent in the case of a corporation)      Registered Agent's office address (where applicable)      DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DCEO</b>	<input type="checkbox"/>
NAME	<b>GALINSKI, MICHAEL</b>	
STREET ADDRESS	<b>2600 118TH AVENUE NORTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>DCEO</b>	<input checked="" type="checkbox"/>
NAME	<b>GIAMMARESCO, JOSEPH</b>	
STREET ADDRESS	<b>2600 118TH AVENUE NORTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>DCFO</b>	<input checked="" type="checkbox"/>
NAME	<b>ROGERS, ARIS</b>	
STREET ADDRESS	<b>2600 118TH AVE NORTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/>
NAME	<b>HALL, GREG</b>	
STREET ADDRESS	<b>2600 118TH AVE N</b>	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>SGC</b>	<input type="checkbox"/>
NAME	<b>POINTER, ANN E</b>	
STREET ADDRESS	<b>2600 118TH AVE N</b>	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>DCSO</b>	<input checked="" type="checkbox"/>
NAME	<b>ALLSWORTH, T W</b>	
STREET ADDRESS	<b>2600 118TH AVE N</b>	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	<b>Galinski, Michael B.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	<b>13535 Feather Sound Drive, Suite 327</b>		
13 STREET ADDRESS	<b>Clearwater, FL 34622</b>		
14 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	<b>T</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42 NAME	<b>13535 Feather Sound Drive, Suite 327</b>		
43 STREET ADDRESS	<b>Clearwater, FL 34622</b>		
44 CITY - ST - ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
52 NAME	<b>13535 Feather Sound Drive, Suite 327</b>		
53 STREET ADDRESS	<b>Clearwater, FL 34622</b>		
54 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

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

SIGNATURE: **Ann E. Pointer, Ann E. Pointer**      4/23/96      813-573-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #

CR2E034 (12/95)