

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P94000071052 (2)

1. Corporation Name
BOTO OF PALM HARBOR, INC.

SEP 15 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Previous Place of Business: 33189 U.S. HWY. 19 N. PALM HARBOR FL 34684
Mailing Address: 33199 U.S. HWY. 19 N. PALM HARBOR FL 34684

2. Principal Place of Business: 21 Suite, Apt. # etc. 22 City & State: 23 Zip: 24
26. Mailing Address: 26 Suite, Apt. # etc. 27 City & State: 28 Zip: 29 Country: 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report
4. FEI Number: 59-3296649
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added in Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CARRUBBA, ANTHONY
1150 LEMON TREE LANE
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.07(9) and 607.15(3) 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 compliance of Sections 607.05(1) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

81 NAME	D CARRUBBA, ANTHONY
82 STREET ADDRESS	1150 LEMON TREE LANE
83 CITY, ST. ZIP	PALM HARBOR FL 34683
81 NAME	D LEFAVE, ROBERT
82 STREET ADDRESS	2939 GLANHAVEN DR.
83 CITY, ST. ZIP	PALM HARBOR FL 34683
81 NAME	
82 STREET ADDRESS	
83 CITY, ST. ZIP	
81 NAME	
82 STREET ADDRESS	
83 CITY, ST. ZIP	
81 NAME	
82 STREET ADDRESS	
83 CITY, ST. ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (If any)

81 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
82 STREET ADDRESS	
83 CITY, ST. ZIP	
81 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
82 STREET ADDRESS	
83 CITY, ST. ZIP	
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82 STREET ADDRESS	
83 CITY, ST. ZIP	
81 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
82 STREET ADDRESS	
83 CITY, ST. ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated by Section 119.07(2)(b) Florida Statutes. I further certify that the information supplied 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 amendment with an address.

SIGNATURE: *X Robert J. Lefave* ROBERT J. LEFAVE 5-10-95 / 785-41542