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

PROFIT CORPORATION ANNUAL REPORT



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

1996

i. Corporation is	IENT # P9500 Y ENTERPRISES, INC.							
Principal Place o	If Rusiness	Mailing Address			- I 10031001 HQ 1666) BILLI BULH GOLFA	0 0111		
10105 CEDAR I	RUN	10105 CEDAR RUN TAMPA FL 33619						
					3. Date Incorporated or Qualified 06/12/1995	3a. Date of 6/1	Last Rep 2/95	xort
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		At	oplied For
<u>.</u>		26			59-3339185	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		•
Zip	Country	Zip	Count	ry	8. This corporation has liability for	intangible tax ι		
וו	25	29	30			□No		
	9. Name and Address of Curr	ent Registered Agent		.1	10. Name and Address of New R	legistered Ag	ent	
				81 Name				
	. STANFORD		82 Sti		ress (P.O. Box Number is Not Acceptab	ole)		
120 HYDE PARK PLACE			Ē	13	NAC			
SUITE 12			Ľ				····	
TAMPA F	L 33606		8	14 City		FL	85 Zip	Code
SIGNATURE S	Signature: typed or printed name of registered a OFFICERS A	gent and title if applicable	(NOTE Registered A	gant signar ke require	ADDITIONS/CHANGES TO OFF			
THLF	PD	☐ DELETE	1.1 Till	.F			Change	Addition
NAME	Worthy, Ben L			NAME				
STREET ADDRESS	10105 CEDAR RUN			EFT ADDRESS				
CITY-S1-ZIP	TAMPA FL 33619	C) DELETE		r-ST-ZIP			Change	☐ Addition
TILE	VP Worthy, James N	DELETE	2 1 TITI 2 2 NAN			ر_ا	o na nge	
NAME STREET ADDRESS	10105 CEDAR RUN			EET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33619			r-ST-ZIP				
IIILE		DELETE		LE			Change	Addition
NAME			3 2 NAM	AF .				
STREET ADDRESS			33 ST	REET ADDRESS				
C(TY-ST-ZIP				Y-ST-ZIP			Change	Addition
TIFLE	DEFELE		4. 1 117			Ļ	Change	☐ V30-0041
NAME			4 2 NAM	1				
STREET ADDRESS				iee1 Address Y-St-Zip				
CITY - ST - ZIP TITLE		DELETE	5 1 Til				Change	☐ Addition
NAME		-	, 52 NA	1				
STREET ADDRESS			i i	REEL ADDRESS				
CITY-ST-ZIP			5 4 CIT	Y-51-ZIF				
TITLE	DELETE		6. 1 TiT	LE			Change	☐ Addition
NAME			6.2 NAI	ME				
STRELT ADDRESS			63 519	REET ADDRESS				
CITY - ST - ZIP				Y-ST-ZIP	for the exemption stated in Contine 147	07/21/b) Flori	da Stalut	es I further
14. I do hereby certify that oath; that appears in	y certify that the information suppli the information indigated on this a Lam an officer or director of the co Block 12 or Block 1B if changed,	ed with this filing is voluntarily to annual report or supplemental a propriation or the receiver of tru- or on an attachment with an a	iumisned and C annual report is istee empower iddress.	true and accur true and accur ed to execute the	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	e same legal e Florida Statutes	ffect as if s; and tha	made under it my name

SIGNATURE:

James N. Worthy EO NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

Date

(813) 654-4459

Dayt me Prione #