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

P95000052010 (2) DOCUMENT # 1. Corporation Name

THE VAI	NS EVERS CO., INC.						
Principal Place	of Business	Mailing Address				f 1804884 110 18181 Etst abite meitt abret drat Grift abite sider daidt etats durt roat	
			OUGH AVENI	JE			
						3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1995	
2. Principal Place of Business 21 1250 SHILLS ROLD JL USC 26						4. FÉI Number Applied For Not Applicat	ole
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State City & State 23 TAMPA FL 28						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 33 (25 US 1	Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Y ves No	
	9. Name and Address of Currer	t Registered Agent	***			10. Name and Address of New Registered Agent	
				81	Name		
	GILBERT M ESQ. T AZEELE STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
TAMPA F				83			1
•				84	City	FL 85 Zip Code	\neg
or Augistere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was author	ized by the c	ve-n	amed corpo oration's boa	oration submits this statement for the purpose of changing its registered of ard of directors. I hereby accept the appointment as registered agent. I are	fice
SIGNATURE _	Signature typed or printed name of registered agent	and title if applicable file	NOTE Registered	Agent	signature redur	red when reinstahrig) DATE	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1. 1 T	1.1 THTLE		Change Addition	on
NAME	VANS EVERS, C. MICHAEL A		1.2 N/	AME	1		
STREET ADDRESS	1250 EAST HILLSBOROUGH	AVENUE	1.3 ST	1.3 STREFT ADDRESS			
CITY-ST-ZIP	TAMPA FL 33604		1.4 Ct		T - ZIP		
TITLE	D	DELETE	211	ITLE		Change Addition)II
NAME	SATIN, GLENN	A 1 arts 44 4 TO	22 N	AME			
STREET ADDRESS	1250 EAST HILLSBOROUGH	AVENUE	235	REET	ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604	F3 pr. 570	2 4 CI		T-ZIP	Change Addition	
TITLE .	D CATHA CATHEDINE C	DELETE	3 1 7			C. Outube C. Manufe	м
NAME	SATIN, CATHERINE S 1250 EAST HILLSBOROUGH	AV/CAN IC	32 N		1000000		
STREET ADDRESS	TAMPA FL 33604	AVENUE	3.4 C		ADDRESS		
CITY-ST-ZIF TITLE	TAMPA TE 33004	[] DELETE	4.11		1-21	Change Addition	วก
NAME			4.2 N			20000175265200 Addition -04/24/9601050027	
					ADDRESS	***208.00	
STREET ADDRESS CITY+ST-ZIP				ITY-S			
TITLE		☐ DELÉTE	5 1 T	-		Change Additi	an
NAME			52 N	AME			
STREET ADDRESS			538	TREET	ADDRESS		
CITY-ST-ZIP			5.4 C	ITY-S	T - ZIP		
TITLE		DELETE		6 1 TillE		Change Additi	
NAME			6 2 N	AME) 1	2 th
STREET ADDRESS			638	TREET	ADDRESS	y.	r
CITY-ST-ZIP			6.4 C	ITY-S	T - Z)P		
14. I do hereb	y certify that the information supplied	with this filing is voluntarily fu	irnished and	doe	s not qualify	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furthe	ſ

recommends setting 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 attackment with an address.

SIGNATURE:

813 J 37 Y 8W