

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda L. Montanino
Secretary of State
1995

APPROVED
AND
FILED

95 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K80102** (2)
LINDA L. MONTANINO P.A.

Principal Place of Business: 5111 STONEHURST RD, TAMPA FL 33647, US
Mailing Address: 5111 STONEHURST RD, TAMPA FL 33647, US

DO NOT WRITE IN THIS SPACE

3. Date Registered or Qualified	3a. Date of Last Report
04/13/1989	08/15/1994
4. FEI Number	Applied For
59-2940212	<input type="checkbox"/> Not Applicable
5. Certificate of Status Cleared	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contributors	<input type="checkbox"/>
7. This corporation has liability for intangible tax under 5, 19b, 20a, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	25. State, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONTANINO, LINDA L. 5111 STONEHURST RD. TAMPA FL 33647	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City
	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 602, 603, and 607, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office to the principal place of business in the State of Florida. Such change was authorized by the corporation's Board of Directors. The Board of Directors appointed as registered agent, Linda L. Montanino, who will accept the obligations of Section 607, Florida Statutes.

SIGNATURE: _____ Date Registered Agent signed report: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D MONTANINO, LINDA L. 5111 STONEHURST RD. TAMPA FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Rule 11.002(1)(b), Florida Statutes. I further certify that the information is filed for the annual report of supplemental annual reports filed 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 on the Florida Department of State's records with an address.

SIGNATURE: *Linda L. Montanino* LINDA L. MONTANINO 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR