

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N10893

(8)

1. Corporation Name

PROJECT RETURN, INC.

Principal Place of Business

304 W WATERS AVE
TAMPA FL 33604

Mailing Address

304 W WATERS AVE
TAMPA FL 33604



3. Date Incorporated or Qualified
08/28/1985

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2612753

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. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUSMAN, RHODA
13932 SHADY SHORES DRIVE
TAMPA FL 33613

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEIMAN, DEBORAH D.
STREET ADDRESS 3604 W. SAN JUAN ST.
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE SD
1.2 NAME THOMAS, GEORGE
1.3 STREET ADDRESS 11883 RAINTREE DR.
1.4 CITY-ST-ZIP TAMPA FL

☐ Change ☒ Addition

TITLE TD
NAME SETZER, JOHN D.
STREET ADDRESS 818 BAYSIDE DRIVE
CITY-ST-ZIP TAMPA FL

☐ DELETE

2.1 TITLE D
2.2 NAME Rhoda ZUSMAN
2.3 STREET ADDRESS 13932 SHADY SHORES DR.
2.4 CITY-ST-ZIP TAMPA, FL 33613

☐ Change ☒ Addition

TITLE SD
NAME JAMES, GLORIA
STREET ADDRESS 11743 LIPSEY ROAD
CITY-ST-ZIP TAMPA FL

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME 700001740857
5.3 STREET ADDRESS -03/13/96--01024--008
5.4 CITY-ST-ZIP ***70.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE: Rhoda ZUSMAN Rhoda ZUSMAN 1/24/96 813-933-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)

312-96