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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/28/1985	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2612753	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZUSMAN, RHODA
13932 SHADY SHORES DRIVE
TAMPA FL 33613**

10. Name and Address of New Registered Agent

81 Name **DEBORAH ZUSMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
1304-B W. WATERS AVE
83
84 City **TAMPA** FL 85 Zip Code **33604**

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 *Deborah Zushman* **EXECUTIVE DIRECTOR** 1/30/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	LEIMAN, DEBORAH D.
STREET ADDRESS	3604 W. SAN JUAN ST.
CITY-ST-ZIP	TAMPA FL
TITLE	NAME
TD	SETZER, JOHN D.
STREET ADDRESS	818 BAYSIDE DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	NAME
SD	GEORGE, THOMAS
STREET ADDRESS	11883 RAIN TREE DR.
CITY-ST-ZIP	TAMPA FL
TITLE	NAME
D	ZUSMAN, RHODA
STREET ADDRESS	13932 SHADY SHORES DR.
CITY-ST-ZIP	TAMPA FL 33613
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	NAME
SD	STECK, BARBARA
1.2 NAME	202 N. GRADY AVE.
1.3 STREET ADDRESS	TAMPA, FL 33609
1.4 CITY-ST-ZIP	
2.1 TITLE	NAME
MD	DEBORAH ZUSMAN
2.2 NAME	1304-B W. WATERS AVE.
2.3 STREET ADDRESS	TAMPA, FL 33604
2.4 CITY-ST-ZIP	
3.1 TITLE	NAME
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	NAME
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	NAME
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	NAME
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Deborah Zushman* **EXECUTIVE DIR.** 1/30/98
813-933-2790

CP2E037 (10/97)