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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	CORPORATI	ONS				
DOCU 1. Corporation	MENT # 15284	6 (2)						
·	ON INVESTMENT COMPAN	IN INC						
DENDC	MA IMAEOTRIEM COMILMI	II, INO			L (A BIA) NOBI BIJIA ITABI ABIH ATAM		11 8:8 0: 81 8 1)
District ID	15							
Principal Place of Business		Mailing Address					11 61611 6181	1 BIBIH BIBH (BDI
4935 EAST 7TH AVE TAMPA FL 33605		4935 EAST 7TH AVE TAMPA FL 33605						
					Date Incorporated or Qualified	3a Dat	e of Last I	Desert
· · · · · · · · · · · · · · · · · · ·					10/27/1947		2/07/19	
	ace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number			Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		- · ·	59-0621658			Not Applicable
22	7, 50.	27 Stille, Apr. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State)	City & State			6. Flection Campaign Financing			00 May Be
23	T	28	+		Trust Fund Contribution			ed to Fees
Ζφ 24	Country 25	Žφ	Country	,	8. This corporation has liability for		ax under s	s 199.032,
24	9. Name and Address of Curre	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30		Florida Statutes [] Yes 10. Name and Address of New F	□ No	Agant	
			81	Naniei	To. Name and Address of New P	egistered	Agent	
	ERG, PAUL		82	Street Ad	Idress (P.O. Box Number is Not Acceptab	alol		
4925 E. BROADWAY				Oli Coli y ki	in too (.c. cox resinible to that Acceptail	ue:)		
TAMPA F	·L 33605		83					
			84	City			85 Z	rip Code
11. Pursuant t	o the provisions of Sections 607,050	2 and 607.1508. Florida Statutes	the above r	named com	oration submits this statement for the pur	FL		
or registere familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Such change was authorized ction 607.0505. Florida Statutes	by the corp	oration's bo	pard of directors. Thereby accept the appoint	ointrient as	registere	d agent. I am
SIGNATURE _								
12.	Signature, typed or printed name of registered age			it seplature requi	iso when renshring:	DATE		
TITLE	PD OFFICERS AF	ND DIRECTORS	13. 1. 1 TIT; E		ADDITIONS/CHANGES TO OFF	·		
NAME	UNDERBERG, MARY PATRIC		1.2 NAME			L	Change	Addition
STREET ADDRESS	1910 DOVEFIELD PLACE		13 STHEFT	ADDRESS				
CITY - ST - ZIP	BRADON FL		1.4 CITY-S					
TITLE	TSD	☐ DELETE	2 1 TATLE				Change	Addition
NAME	UNDERBERG, PAUL		2.2 NAME	ŀ				
STREET ADDRESS	4608 S COOPER PLACE TAMPA FL		23SIREE1	ADDRESS				
CITY-ST-ZIP TITLE	IAMEN FL	DELETE	2.4 CITY - S	T-21P				
NAME .		Ditte	3 1 THTLE 32 NAME			L	_ Change	Add tion
STREET ADDRESS			33 STREET	ADDRESS				
CITY-ST-ZIP			3 4 CITY-S					
TITLE		☐ DELFTE	4. 1 TITLE] Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			43 STREET	ADDRESS				
CITY-ST-ZIP TITLE		F) butte	4.4 CITY - S	I - ZIP				
NAME		☐ DELETE	5 1 11745				Change	Addition
STREET ADDRESS			5 2 NAME	Anniprice				
CITY-ST-ZIP			53SFREET 54CITY-SI	l l				
TITLE		DELETE	6 1 TITLE		• • • • • • • • • • • • • • • • • • • •		Change	Addition
NAME			6.2 NAME			L		
STREET ADORESS			63 STHEE!	ACORESS				
CITY - ST - ZIP			6 4 CITY - ST	- 712				

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

SIGNATURE: Ball Mary Service NAME OF SIGNING OFFICER OF DIRECTOR UNDERBERG 34/96 813.249-6193