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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

•	MENT # 16706 ER CORPORATION	64 (5)				
Principal Place of Business		Mailing Address		I HOOLON DIGITO CATRA HOOLIN COUNT CUNTRA	###	
3014 W. HORATIO ST. TAMPA FL 33609		3014 W. HORATIO ST. TAMPA FL 33609				
				3. Date Incorporated or Qualified 11/14/1951	3a. Date of Last R 05/01/199	
_1 .	ace of Business	2a. Mailing Address		4. FEI Number 59-0841474	├ -	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		3970041474		Not Applicable Additional
2	,	27		5. Certificate of Status Desired	1 7 7 7 7	Required
City & State	9	City & State	······································	6. Election Campaign Financing		0 Мау Ве
Z ip	Country		Country	Trust Fund Contribution	A00e	d to Fees
- Zip [4]	25	29	30	8. This corporation has liability for i Florida Statutes	iritangible tax under s	199.032,
	9, Name and Address of Curr			10. Name and Address of New R		, .
			81 Name			
	R JR,CHARLES L		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
3014 HO					·· · · · · · · · · · · · · · · · · · ·	
TAMPA I	FL 33609		83			
			B4 City		FL 85 Zq	Code
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	ites, the above-named corpo	pration submits this statement for the pur	nose of changing its r	egistered office
or register familiar wit	to the provisions of Sections 607.05 ed agent, or both, in the State of Flath, and accept the obligations of, Se	502 and 607.1508, Florida Statu lorida. Such change was author ection 607.0505, Florida Statute	tes, the above-named corporation's boats.	oration submits this statement for the pur and of directors. I hereby accept the appo	nose of changing its r	egistered office agent. I am
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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 managed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGN

459/96 85872.8502 GOFFIFER OR DIRECTOR Date Dayline Prove 1