

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 172665 (2)**

1. Corporation Name  
**733 FIFTH AVENUE NORTH INCORPORATED**



Principal Place of Business  
**733 FIFTH AVE NORTH  
ST. PETERSBURG FL 33701  
US**

Mailing Address  
**733 FIFTH AVE NORTH  
ST. PETERSBURG FL 33701  
US**

3. Date Incorporated or Qualified **03/10/1953** 3a. Date of Last Report **06/05/1995**

4. FEI Number **65-0029856** 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

2. Principal Place of Business  
21 **735 5th Avenue N.**  
Suite, Apt. #, etc. **8**  
City & State **St. Petersburg, FL.**  
Zip **33701** Country **USA**

2a. Mailing Address  
26 **735 5th Avenue N.**  
Suite, Apt. #, etc. **8**  
City & State **St. Petersburg, FL.**  
Zip **33701** Country **USA**

9. Name and Address of Current Registered Agent  
**HOWARD, CAROLYN J  
733 FIFTH AVENUE N.  
APT 1  
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
81 Name **Elaine Finney**  
82 Street Address (P.O. Box Number is Not Acceptable) **735 5th Avenue N.**  
83 **Apt 8**  
84 City **St. Petersburg** FL 85 Zip Code **33701**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Elaine Finney* **Elaine Finney Sec/Treas/Director** 4-22-96  
Signature typed or printed name of registered agent, and title if applicable. (Do not register agent signature or name when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRY, JAMES</b>	1.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>733 FIFTH AVE NORTH APT. 5</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARK, RICHARD</b>	2.2 NAME	<b>Bruce Calkin</b>
STREET ADDRESS	<b>733 FIFTH AVE. NORTH, APT. 3</b>	2.3 STREET ADDRESS	<b>425 Caroline Street</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	<b>Key West, FL. 33040</b>
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, CAROLYN J</b>	3.2 NAME	<b>Elaine Finney</b>
STREET ADDRESS	<b>733 1/2 FIFTH AVE NORTH</b>	3.3 STREET ADDRESS	<b>735 5th Ave. N. #8</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	3.4 CITY-ST-ZIP	<b>St. Petersburg, FL. 33701</b>
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSELL, STEVE</b>	4.2 NAME	<b>Jeff Davenport</b>
STREET ADDRESS	<b>735 FIFTH AVENUE NORTH APT 9</b>	4.3 STREET ADDRESS	<b>733 5th Ave. N. #2</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY-ST-ZIP	<b>St. Petersburg, FL. 33701</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Mark Cwiek</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>735 5th Ave. N. #10</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>St. Petersburg, FL. 33701</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *Elaine Finney* **Elaine Finney Sec/Treas/Dir 4-22-96 (813)898-5086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)