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 #

1. Corporation Name

180157

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Principal Place	VE. NORTH	Mailing Address 1620 FIRST AVE. NO					
SI PETERSBL	JRG FL 33713	ST PETERSBURG FL 33713		3. Date Incorporated or Qualified 3a, Date of Last Report 05/01/1995			
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0730139		Not Applicable	
Suite, Apt #	·	Suite, Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
Zip	Country	28 Z ₁ D	Country	Trust Fund Contribution 8. This corporation has liability for in		Added to Fees	
24	25	29	30	Florida Statutes Yes		under \$ 199.032,	
	g. Name and Address of Currer			10. Name and Address of New Ro	egistered Aç	jent	
			81 Name				
	RG, JEROME F.		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)		
	T AVENUE NORTH				· 		
ST PETE	RSBURG FL 33713		83				
			84 City			85 Zip Code	
				ration submits this statement for the purp	FL!	,	
SIGNATURE	Synature typed in printed training of repetition agreed OFFICERS AN		Te : Fit spectres I April 1 Septembrie zenpur 13.	ADDITIONS/CHANGES TO OFFI		DIRECTORS IN 12 Change Addition	
NAME	SLOSBERG, JEROME F.		1.2 NAME		Ц	Unange [_] Addition	
STREET ADDRESS	6400 46TH AVENUE N.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		14 C-TY-ST-Z-P				
TIBLE	SD	DELETE	2 1 TITLE			Change	
NAME	SLOSBERG, MILDRED L.		2.2 NAME			_	
STREET ADDRESS	6400 46TH AVENUE N.		2.3 STREET ADDRESS				
CITY - ST - ZIP	ST PETERSBURG FL		2.4.0(TY+ST-Z)P				
TITLE		DELETE	3 1 11/1/ F			Change	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-S1-ZIP TITLE		DELETE	34 G-1Y ST-ZIP			Change	
NAME			4 2 NAME		Ц	Orlange Audition	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CiTY - ST - Zif'				
TITLE		☐ DELETE	5 1 FILE			Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6 1 T T LE			Change	
NAME .			6 2 NAME				
STREET ADDRESS			6.3 STHEET ADDRESS				
CHY-ST-ZIP	certify that the information supplied	with this filling is valuntarily for	nished and does not qualify	for the exemption stated in Section 119.0	07/21/l/L Ct~~~	la Otatutao I 6 etha:	
certify that oath; that I	the information indicated on this annu	ual report or supplemental and pration or the receiver or trusti	iual report is true and accura se empowered to execute th	ate and that my's gnature shall have the subscription as required by Chapter 607, Flo	same legal eff	fect as if made under	

SIGNATURE: De l'Ala Le Comé F. SLOSBERG 5/1/96 813/546-1376
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR