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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(0)

1. Corporation Name

Principal Place of Business Mailing Address 4346 DUNBARTON P.O. BOX 13598 SUITE#3 P. O. BOX 13598					
TAMPA FL 33611 US		TAMPA FL 33681-3598 US		3. Date Incorporated or Qualified 06/04/1968	3a. Date of Last Report 04/20/1995
2. Principal Place	e of Business	2a. Mailing Address	,	4. FEI Number 59-1258316	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zψ 29	Country 30	This corporation has liability for Florida Statutes Name and Address of New R	□No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New N	egiste, eu Agent
4346 DI	er, walter H. Unbarton #3 , Fl e 33611			dress (P.O. Box Number is Not Acceptat	ile)
· I			84 City		FL 85 Zip Code
CONTATUDE	ilg atme, typiod or printed him is of registered ager		TE Projectered Agrar signature respo	oration submits this statement for the purand of directors. Thereby accept the appropriate in the purpose of was restained. ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	SD WITTCOFF, RICHARD 4346 DUNBARTON #3 TAMPA FL	☐ DELETE	1 1 TILE 1.2 NAME 1.3 STREET ADDRESS		Change Addition
CITY-ST-ZIF TITLE NAME STREET ADDRESS	PO KESSLER, WALTER H. 4346 DUNBARTON #3 TAMPA FL	☐ DELETE	14 CITY - ST- ZIP 2 1 TITLE 2 2 AAME 2 3 STREET ADDRESS 2 4 CITY - ST- ZIP		Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS	D KESSLER, ROBERT M. 4346 DUNBARTON #3 TAMPA FL	☐ DELFTE	3 1 HILE 32 NAME 33 STREET ADDRESS 34 CHT - ST - ZIP		☐ Change ☐ Addition
CITY-SY-ZIP TITLE NAME STREET ADDRESS		☐ DELFIE	4 1 11"LF 42 NAME 4 3 STREET ADDRESS 4 4 City-St-Ziff		□ Change □ Addition
CITY - SI - ZIP TITLE NAME SIREET ADDRESS		□ DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS		☐ Change ☐ Addition
CITY+ST-ZIF TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 14 if changed, or on an attachment with an address.

SIGNATURE:

WHATER H. KESSLER 4-16-96 (8/3)839-596-7

Date From:

Date From:

Date From:

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP