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**PROFIT** CORPORATION ANNUAL REPORT

1996



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

**DOCUMENT # 372941** 1. Corporation Name

(5)

Principal Place		AND DECORA		Address								
•			Mailing	Address				, , , , , , , , , , , , , , , , , , , ,				61814 SISIL 1984
4314 HARTFORD ST. 4314 HARTFORD TAMPA FL 33619 TAMPA FL 33619												
								<ol> <li>Date incorporated</li> <li>11/18/1970</li> </ol>	or Qualified		of Last I /28/19	•
2. Principal Pt	ace of Busine	ess	<u> </u>	iling Address				4. FEI Number				Applied For
Suite, Apt.	#. etc.		26 Suit	te, Apt. #, etc.			<del></del>	59-1317387				Not Applicable
22			27					5. Certificate of Statu	s Desired			5 Additional Required
City & State	e 		28 City	& State				<ol><li>Election Campaign Trust Fund Contrib</li></ol>	-			00 May Be ed to Fees
Zip		Country	Zip		Cou	intry		8. This corporation ha	as liability for i	intangible ta		
4		25	29		30	<del></del>		Florida Statutes		□No		
	9. Name	and Address of Cu	urrent Registered	d Agent		041		10. Name and Addre	ss of New R	egistered	Agent	
						81 Na	ame					
TRAINA, JOSEPH						<b>82</b> St	reet Addres	et Address (P.O. Box Number is Not Acceptable)		<u>-</u> -		
4314 HARTFORD ST. Tampa, Fl						83			·······			
33619	rL.					**						
33013						<b>84</b> Ci	ty		·	FL	85 Z	ip Code
		ons of Sections 607.0 both, in the State of ot the obligations of, a				ve-name corporati	ed corporati on's board	on submits this stateme of directors. I hereby ac	nt for the pur cept the appo	pose of cha pintment as	inging its registere	registered offic d agent. I am
SIGNATURE _	Signature typed a	or printed name of registered	good and the discription		OTE. Registered							
12.	org. are o, types o		AND DIRECTOR		13.	Agoric signi	ature required w		SES TO OFFI	DATE CEDS AND	DIRECTO	ODS IN 10
	1							ALIBITINSSCHAN				
TITLE	PSD			DELETE	1 1 7	ITLE		ADDITIONS/CHAN	OLO TO OFFI			
		ROSE LEE		DELETE				ADDITIONS/CHAN	323 10 011		Change	
NAME	TRAINA, 4314 HAI	rtford St.		DELETE	1 1 T 1.2 N		ESS	ADDITIONS/CHAN	323 10 011			
NAME STREET ADDRESS	TRAINA, 4314 HAI TAMPA, I	rtford st.			1 1 T 1.2 N/ 1.3 ST	AME	ESS	AUDITIONS/CHAN	323 TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	TRAINA, 4314 HAI TAMPA, I SVP	RTFORD ST. FL 00000		DELETE	1 1 T 1.2 N/ 1.3 ST	AME REST ADDA TY-ST-ZIP	ESS	AUDITIONS/CHAN	020 TO OFF	C		
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/86 813-247-3198