PROFIT CORPORATION ANNUAL REPORT 1996		Sandra Secret	FLORIDA DEPARTMENT OF STATE.  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS					
DOCUM 1. Corporation N BEN ZAC								
Principal Place of 3201 EAST 7TH TAMPA FL 3360	AVE.	Mailing Address 3201 EAST 7TH AVE. TAMPA FL 33605-4301			3. Date Incorporated or Qualified	3a. Date	of Last Rep	ort
					01/03/1972 4. FEI Number	U4	/25/1995	oplied For
2. Principal Plac	e of Business	2a. Mailing Address			59-1374668		Ñ	ot Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & State		City & State			Etection Campaign Financing     Trust Fund Contribution			May Be to Fees
<b>23</b> Zip	Country	28   Ζφ [29]	Country 30		8. This corporation has liability for Florida Statutes Yes	s ∐No		99.032,
24	9. Name and Address of Curre			ame	10. Name and Address of New	Registered	Agent	
11. Pursuant to or registers with		02 and 607, 1508, Florida Stati orida, Such change was autho octon 607,0505, Florida Statu	lutes, the above had	ity ned corpo tion's boa	oration submits this statement for the p and of directors. I hereby accept the ap	FL urpose of ch pointment a	ancies its re	Code egistered offic agent. I am
			(NOTE Targettered Agent so	native terror	entwhere remetating	DATE		
12.	Signature, typed or printed name of regressors at OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO Change	RS IN 12 Addition
TITLE NAME	PTD ZACK, BENJAMIN	☐ DELETE	1 1 TITLE 12 NAME				[ ] Grange	
STREET ADDRESS	3201 EAST SEVENTH AVEN	NUE	1.3 STHEE! AC 1.4 Cily-SI-					
CITY - ST - ZIP TITLE NAME	TAMPA, FL 33605 MSV ZACK, BENJAMIN	DELETE	2 1 TiTLE 2 2 NAME				☐ Change	Addition
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TITLE NAME			3 2 NAME					
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CITY - S1 - ZIP		DELETE	3 4 CITY - ST - 4 1 TITLE	ZIF			Change	Addition
TITLE NAME		-	4.2 NAME					
STREET ADDRESS			43 STREET A					
CITY-ST-ZIP		DELETE	4.4 CITY - ST 5 1 Ti*LE	zir -			Change	Addition
TITLE NAME			5.2 NAMÉ					
STREET ADDRESS			53 STREET	1				
CHTY-ST-ZIP		☐ DELETE	54 CHTY - ST 6 1 THILE	- TII.			☐ Change	Add tice
				,				
TITLE		<b>L</b> -	6.2 NAME					

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 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 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 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 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 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 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 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 under the certific that the information indicated in the certificity of the certificity

63 STREE: ADDRESS

SIGNATURE: /

STREET ADDRESS

SIGNATUREAND LAKED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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