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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

U	OCUMENT # 4 rporation Name INIFORM CITY, U.S.A.		(9	9)			i arah dian atau ahan di	i i i i i i i i i i i i i i i i i i i
Princip	pal Place of Business		Mailing Address				0.0: 0.5:: 6:0:: 0.5:: 0.	
4041 W. KENNEDY BLVD. TAMPA FL 33609 US			14511 ANCHORET RD TAMPA FL 33624					
03						3. Date Incorporated or Qualified	3a. Date of Last	t Report
						03/30/1973	04/07/19	•
_2. Par 21	ocipal Place of Business		2a. Mailing Addre	ess		4. FLI Number		Applied For
	te, Apt. #, etc.		26 Suite, Apt. #,			59-1453866		Not Applicable
22			27 Suite, Ag.R. #,	etc.		5. Certificate of Status Desired	1 1	75 Additional
City	& Stale		City & State			6. Election Campaign Financing		e Required
23			28			Trust Fund Contribution	□ 35.	.00 May Be ded to Fees
Zipi Tal	Coun	´ -	Zip	Coun	try	8. This corporation has liability for		
24	0 Name and Add	ress of Current Re	29	30	·	Florida Statutes 📝 Yes	i ∏ No	
	g, Nome and Add	less of Current He	egisterea Agent		B1 Name	10. Name and Address of New R	Registered Agent	
D/	WIN LADDY			`	31 Name			
BAILIN, LARRY ONE TAMPA CITY CENTER #3300 TAMPA FL 33602			82 Street Ar		Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
					13			
••	/ (/ 2 00002							
				i	14 City		<u> </u>	Zip Code
11. Pu	rsuant to the provisions of Sec	tions 607.0502 and	607.1508, Florida	Statutes, the above	-named corpo	oration submits this statement for the pur	roose of changing its	s registered office
fan	niliar with, and accept the oblig	gations of, Section 6	such change was a 607.0505, Florida S	uthorized by the co tatutes.	rporation's bo	pration submits this statement for the pur and of directors. I hereby accept the appo	ointment as registere	ed agent. I am
SIGNA	LUΩE							
12.	Signative, typed or printed nam	in all marchines against audit to						
				(NOTE: Registered As	quant signature, respon		DATE	·
THUE		OFFICERS AND DIF	RECTORS	13.		otwiecienstategi ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECT	
	PD			13. IE 1 1 TITL	F			<u></u>
TITLE	PD Linn, Stephen	OFFICERS AND DIF	RECTORS	13. IE 1 1 TITL 1.2 NAM	F		ICERS AND DIRECT	
TOLE NAME	PD LINN, STEPHEN 14511 ANCHORE	OFFICERS AND DIF	RECTORS	13. IE 1 1 TITL 1.2 NAM 1.3 STRE	EL ADORESS		ICERS AND DIRECT	
THEF NAME STREET AL	PD LINN, STEPHEN 14511 ANCHORE	OFFICERS AND DIF	RECTORS	13. IE 1 1 TITL 1.2 NAM 1.3 STRE 1.4 CITY	F ELADORESS -SI-ZIP		ICERS AND DIRECT	e [] Addition
THEF NAME STREET AT	PD LINN, STEPHEN 14511 ANCHORE 7P TAMPA FL	OFFICERS AND DIF	RECTOAS	13. IE 1 1 11 IL 1.2 NAM 1.3 STRE 1.4 CITY	F FI ADORESS S1- ZIP		ICERS AND DIRECT	e [] Addition
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TIPLE NAME STREET AG CITY ST- TIPLE NAME STREET AG CITY-ST-	DDRESS 14511 ANCHORE TAMPA FL DLINN, CONSTANC 14511 ANCHORE 14511 ANCHORE TAMPA FL	OFFICERS AND DIF	RECTORS DELET	13. IE 1 1 TITL 1.2 NAM 1.3 STRE 1.4 OTLY 2 1 TITL 2.2 NAM 2.3 STRE 2.4 CITY	F ELADORESS -S1-ZIP E ELADORESS		ICERS AND DIRECT	e [] Addition
THEF NAME STREET AC CITY ST- THEF NAME STREET AC CITY-ST- THE	DDRESS 14511 ANCHORE TAMPA FL D LINN, CONSTANC 14511 ANCHORE TAMPA FL D D LINN, CONSTANC 14511 ANCHORE TAMPA FL D	OFFICERS AND DIF T RD CE T RD	RECTOAS	13. IE 1 1 TITL 1.2 NAM 1.3 STRE 1.4 OTLY 2 1 TITL 2.2 NAM 2.3 STRE 2.4 CITY	F FLADORESS -SI-ZIP E FLADORESS -SI-ZIP		ICERS AND DIRECT	Addition Addition
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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 signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR LINK 1/18/46 713-244-2525