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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

484731

(5)

2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 3. A FEI Number 3. Suite, Apt. #, etc. 4. FEI Number 5. Suite Address of Status Desired 5. Suite Address of New Registered 5. Suite Address of New Registered 6. Election Campaign Financing 7. Trust Fund Contribution 10. Name and Address of New Registered 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. Street Address (P.O. Box Number is Not Acceptable) 84. City 85. City Address (	e of Last Report 03/22/1995 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees (ax under s. 199.032)
ST PETERSBURG FL 33707 US  SEMINOLE FL 34642 US  3. Date Incorporated or Qualified Qua	03/22/1995  Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s 199.032,
2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Status Desired   2c. Principal Place of Business 2c. State Address 2c. Principal Place of Status Desired   2c. Principal Place of Business 2c. State Address 2c. Principal Place of Status Desired   2c. Principal Place of Status Place   2c. Principal Place of Business 2c. Status Place   2c. Principal Place of Business 2c. Principal Place of Status Desired   2c. Principal Place of Status Place   2c. Principal Place   2c.	03/22/1995  Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s 199.032,
22   26   59-1618397  Suite, Apt. #, etc.   Suite, Apt. #, etc.   5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s 199.032,
Suite, Apt. #, etc.    Suite, Apt. #, etc.	\$5.00 May Be Added to Fees ax under s 199.032,
City & State	Added to Fees ax under s 199.032,
Zip Country Zip Country 30 Set Inis corporation has liability for intangible to Florida Statutes 17 Yes No Set Inis Corporation has liability for intangible to Florida Statutes 17 Yes No Set Inis Corporation has liability for intangible to Florida Statutes 17 Yes No Set Inis Corporation has liability for intangible to Florida Statutes 18 Inis Corporation has liability for intangible to Florida Statutes 19 Yes No Set Inis Corporation has liability for intangible to Florida Statutes 10 Name and Address of New Registered Agent 10. Name and Address of New Registered Set Inis Corporation Set Inis Corporation has liability for intangible to Florida Statutes 10. Name and Address of New Registered 8 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City Florida Statutes 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title 4 applicable (NoTE: Registered Agent signature required when renstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN DELETE 1.1 TIPLE	
9. Name and Address of Current Registered Agent  HALL, DAVID E. M.D.  9871 WINDTREE BLVD  SEMINOLE FL 34642  81  City  FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of cf or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title 4 applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TIBLE  PTD  DELETE  1.1.TIBLE	Agent
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12. OFFICERS AND DIRECTORS  13. ADDITIONS/GHANGES TO OFFICERS AN DILE PTD  DELETE  1.1 TITLE	S registered agent. I am
TILE PTD DELETE 1.1 TITLE	
	☐ Change ☐ Addition
NAME HALL, DAVID E. 1.2 NAME	
STREET ADDRESS 9871 WINDTREE BLVD 1.3 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL 1,4 CITY-ST-ZIP	Characa C Addition
TITLE VSD DELETE 2 1 TITLE	☐ Change ☐ Addition
NAME HALL, SHERRY H. 22 NAME	
STREET ADDRESS 9871 WINDTREE BLVD 23 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DELETE 3.11TLE	Change Addition
NAME 3.2 NAME	
STHEET ADDRESS 3.3. STREET ADDRESS	
CITY-S1-ZIP   34 CITY-S1-ZIP	Change Addition
TO MAKE	
NAME A DESCRIPTION OF THE PROPERTY AND T	
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 4.4 CITY - ST - ZIP	
TO DELETE CARTE	☐ Change ☐ Addition
THE DELETE STITLE  NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-S1-ZIP 54 CITY-S1-ZIP	
TILE DELETE 6.1 TILE	
NAME 62 NAME	☐ Change ☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS	Change Addition
64 City-St-Zip  14. Lido bereby 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). I	Change Addition

I do hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(K). Florida Statuties. 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 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 name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.

**SIGNATURE:**