## 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

SIGNATURE:

DOCUMENT # 502188

(6)

Principal Place of Business Mailing Address 115 S DALE MABRY HWY 115 S DALE MAI TAMPA FL 33609 TAMPA FL 33606							
2. Principal P	Place of Pusies				<ol> <li>Date Incorporated or Qualified 04/29/1976</li> </ol>	3a. Date of La 10/12/	
21	ACC OF DUSTIFE	355	2a. Mailing Address	s	4. FEI Number		Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, e	etc.	59-1667388		Not Applicable
22 Car 8 Char			27		5. Certificate of Status Desired		.75 Additional ee Required
Crty & Stat	æ	,	City & State		6. Election Campaign Financing		5.00 May Be
Zip		Country	<b>28</b> Zip	Country	Trust Fund Contribution	_ ▲	dded to Fees
4		25	29	Country 30	8. This corporation has liability for in Florida Statutes Yes		ers 199.032,
	9. Name	and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	□ No	
A14.				81 Name		g	·
	MICHAEL L.			82 Street Add	dress (P.O. Box Number is Not Acceptable	a)	
TAMPA F		IABRY HIGHWAY			- Total Acceptable	0)	
IMMINI	L 33003			83			
				84 City		85	Zip Code
11. Pursuant t	to the provision	ns of Sections 607.0	0502 and 607,1508, Florida S	statutes, the above-named coroo	oration submits this statement for the purp	- FL   1	
or register familiar wir	ed agent, or b th, and acaept	oth, in the State of F the obligations of	lorida. Such change was aut	thorized by the corporation's boattutes	oration submits this statement for the purp ard of directors. I hereby accept the appoir	ose of changing ntment as registe	its registered office ered agent. I am
	11 3		X-77 CONGRETA	illios.			and a grant of carries
O'CHAN ONE	//	7W~~~ X   /		4/23/96			
JUNATURE _	//	printed name of registered a	agent and title if applicable.	4/23/10			·
12.	Signalure, typed or	printed name of registered a	agent and title if applicable.  AND DIRECTORS	[NOTE: Registered Agent signature require	red when reinstating;	EXATE	·
IZ.	Signalize, typed or	printed name of registered a OFFICERS	agent and title if applicable.	NOTE: Registered Agent signature require  13. 1.1 TITLE		EXATE	OTORS IN 12
12. TITLE	D O'NEIL, N	printed name of registered a OFFICERS	Sgant and title if applicable.  AND DIRECTORS  DELETE	PNOTE: Registered Agent signature require  13. 1.1 TITLE 1.2 NAME	red when reinstating;	DATE DERS AND DIREC	OTORS IN 12
IZ.  ITLE IAME THEET ADDRESS	D O'NEIL, N	OFFICERS  IICHAEL L.  TH DALE MABRY	Sgant and title if applicable.  AND DIRECTORS  DELETE	PNOTE: Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating;	DATE DERS AND DIREC	OTORS IN 12
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4/23/96