## 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 #** 

602433

(5)

1. Corporation	Name	` '							
FISHER	& SAULS, P.A.					1			
						i idana ank adna kan biaan biaa	HALL BLACK BLACK		BLOW BIRN HEAD
Principal Place of Business Mailing Address						a tannin dinii dibish libii diddib tsibii		ALBIN ALBIN	ALAN AIRN 1881
100 2ND AVE.SO.		100 2ND AVE.SO.							
SUITE 701		SUITE 701							
ST. PETERSB	URG FL 33701	ST. PETERSBURG FL 33	701			3. Date Incorporated or Qualified	3a. Date	of Last F	lenort
						10/01/1970		/24/19	
2. Principal Pla	nce of Business	2a. Mailing Address			<del></del>	4. FEI Number		<del></del>	Applied For
21		26				59-1302304		h	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>[</b> -1	\$8.75	5 Additional
22 27						3. Octamente di Status Desired		Fee	Required
City & State		City & State				6. Election Campaign Financing		\$5.0	May Be
23		28				Trust Fund Contribution			d to Fees
Zip Gal	Country	Ziρ	Coun	itry		8. This corporation has liability for Florida Statutes XX Yes		cunder s	199.032,
24	25 g. Name and Address of Current	[29] Registered Agent	30]		<del></del>	Florida Statutes XX Yes  10. Name and Address of New R		cent	
	3	. Hogistored Agent		B1	Name	ID. Hame and Address of New York	ogioloica r	gom	
ADCOCK, LOUIE N. JR.				$\perp$		12.0			
100 SECOND AVENUE SOUTH			'	B2	Street Addre	ss (P.O. Box Number is Not Acceptab	ie)		
SUITE 701			į.	83					
	ERSBURG FL 33701		ļ.,		A			11-	
			,	B4	City		FL	85   Zi	ip Code
	o the provisions of Sections 607,0502								
or registere familiär wit	ed agent, or both, in the State of Floric h, and accept the obligations of, Section	la. Such change was authorize on 607.0505, Florida Statutes.	d by the co	orpor	ation's board	of directors. I hereby accept the app	ointment as i	egistered	Fagent. Lam
SIGNATURE									
	Styriators, typed or printed name of registered ages to		Flegistered A	gent s	grature required		DATE		
12.	OFFICERS AND	·	13.		<del></del>	ADDITIONS/CHANGES TO OFF			
HILE	ADODON ADDIEST ID			1 1 Title		•	L.	) Change	Addition
NAME	ONE BEACH DRIVE, #2714		1.2 NAME						
STREET ADDRESS	ST PETERSBURG FL		1.3 STREET ADDRESS 1.4 CHY-ST-ZIP						
CHY-S1-ZP ULE	VD	DELETE	2 1 TITLE		Z i'			Change	☐ Addition
NAME	BAKER, RICHARD P.		2 2 NAJ				L_	j onango	
STHEFT ADDRESS	335 17TH AVE. N.E.	ANTIL ALE ALE		23 STREET ADORESS					
CHY-SI-ZIP	ST. PETERSBURG FL	T DETERMENTAL TI		2.4 CITY-ST-ZIP					
TILE	VD	DELETE						Change	Addition
NAME	DALLADD MINISTER O			3.2 NAME			_	-	<del></del>
STREET ADORESS	AGE ODIOLOGIATEDO DI VO		1	33 STREET ADDRESS					ļ
City - S1 - ZiP	ST. PETERSBURG FL		3.4 CITY - S						
TILLE	VDAS	DELETE	4. 1 117				C	Change	☐ Addition
NAME	THORNTON, KENNETH E		4.2 NAME						
STREET ADDRESS	105 14TH AVE.		4.3 \$18EE1		DORESS				
CHY-SI-ZIF	ST. PETERSBURG BEACH FL		4.4 C(TY-		ZIP				
THLF	SAT	☐ DELETE	5 1 TITLE					] Change	Addition
NAME	KAPUSTA, ROBERT		5 2 NAM	5 2 NAME					
STREET ADDRESS	1410 45TH AVE. N.		5 3 STREET		DDRESS				
CHY ST ZH	ST PETERSBURG FL	F retre	5 4 C(TY - )		ZIP	*********		7 05	<b>—</b> • • • • • • • • • • • • • • • • • • •
T 11 F	MOLAINI THOMAS U			1 TITLE			Ļ	Change	☐ Addition
NAME	MCLAIN, THOMAS H.		6.2 NA						
STREET ADDRESS	455 34TH AVE. N.E.				DDRESS				
CIY SI-ZiP	ST. PETERSBURG FL y certify that the information supplied v	with this filing is yel retarily funds	6.4 C(T)			r the exemption stated in Section 110	07(3)/k) Etai	ida Stati	ites I further
earlify that	y certify that the information supplied v the information indicated on this about	via and ming is voluntarily fuffic at report or encolomental annu	al recort is	trua.	not quality to and accurati	and that my signature shall have the	same legal i	effect as	if made under

centry that the minimation indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 13 if changed, or on an attachment with a ratiferess.

FISHERS SAMES CORP a FL corp.

SIGNATURE:

NO OFFICER OR DIRECTOR

2/13/96

813/822-2033

## 12. OFFICERS & DIRECTORS

7.1 Title D
7.2 Name Alden, Michael H.
7.3 Address 2648 Heron Lane No.
7.4 C/S/Z Clearwater, FL 34622