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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 602461

(6)

1. Corporation Name

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Mailing Address

Principal Place of Business 201 E. DAVIS RIVD.

201 E. DAVIS BLVD.



TAMPA FL 336		TAMPA FL 33606-3787							
						3. Date Incorporated or Qualified 10/12/1970	3a. Date 02/	of Last 21/19	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	-1	Ľ	Applied For
21		26				59-1303810			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional e Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees
Zip	Country	Zip	Count	try		8. This corporation has liability for i	ntangible ta:	k under	s 199.032,
24	25	29	30			Florida Statutes Yes			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	genl	
			8	31	Name				
	ROBERT F		8	32	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	AVIS BLVD.			1					
tampa f	L 33606-3787		18	33					
			8	34	City			85	Zip Code
							<u> </u>	Щ,	
SIGNATURE	ed agent, or both, in the State of Horid h, and accept the obligations of, Section Signature, types or printed name of registrated agent a				Oration's Doar	ation submits this statement for the pur d of directors. I hereby accept the appo	DATE	registe	ed agent. i am
12.	Signature, typico or printrod name of regishiren agent a OFFICERS AND		13.	gen.	ca grianche requirec	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12
TITLE	PST	DELETE	1. 1 (1)	ιE				Chang	
NAME	FRIJOUF, ROBERT		1.2 NAM						_
STREET ADDRESS	201 E. DAVIS BLVD.				ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 C(T)						
TITLE	V	[] DELETE	2 1 TIT				· · · · · · ·	Chang	ge Addition
NAME	RUST, CHARLES R.		2 2 NAN	ИE	İ				
STREET ADDRESS	201 E. DAVIS BLVD.		2 3 STR	EET :	ADDRESS				
CITY-ST-2IP	TAMPA FL		2.4.0(1)	/-S1	T-ZIP				
TITLE	V	DELETE	3. 1 TiTi		/T/ 1 12 14 14 14 14 14 14 14 14 14 14 14 14 14		<u> </u>] Chang	ge 🔲 Addition
NAME	PYLE, RAY S.	~	3 2 NAN	AE.					
STREET ADDRESS	201 E. DAVIS BLVD.		33.\$TF	REET	ADDRESS				
CITY-ST-ZIP	TAMPA FL		3.4 CH	Y - S1	T-ZIP				
TITLE		DELETE	4. 1 10	ιŧ] Chan	ge 🔲 Addition
NAME			4.2 NAM	AE.					
STREET ADDRESS			4.3 S1R	EET.	ADDRESS				
CITY-ST-ZIP			4.4 C(1)	Y - S	T-ZIP				
TITLE		DELETE	5. 1 11	LE.				Chan	ge 🔲 Addition
NAME			5.2 NAM	ΝE					
STREET ADDRESS			5.3 \$1A	EÉ I	ADDRESS				
CITY-ST-ZIP			5.4 CH	Y-5	T-ZIP				
TITLE		☐ DELETE	6. 1 TiT	LF			[) Chan	ge 🔲 Addition
NAME			6.2 NAM	ΦE					
STREET ADDRESS			63 STF	EET	ADDRESS				
DITY-ST-ZIP			6.4 CIT						
14 Ldo borob	w cortify that the information cumplind u	uith this filing is unlantarily furn	rished and o	ina	s not qualify f	or the exemption stated in Section 119	117/31/k) Flo	nda St.	atutes I furfuer

certify that the information indicated on this annual report or supplemental and oos not quality 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 eath; that I am an officer or director of the certification or the revolver of 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 chapted or on an attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E13-254-5400 Daytime Phone #