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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		DIVISION	N OF CORPOR	RATIONS			
. Corporation	MENT # Name ORD & KLAVAI	60263; NS. M.D., P.J	· (-	)				
01,01	OND W NEXTAN	110, 111101, 111	· ·					
 rincipal Place	of Business	·	Mailing Address					i offik didil gidil afaf idi
1305 S FT HARRISON AVE HARRISON SOUARE, BLDG, E CLEARWATER FL 34616-3301			1305 S FT HARRISON AVE HARRISON SOUARE. BLDG. E CLEARWATER FL 34616-3301					
				01010 0001		<ol> <li>Date Incorporated or Qualifie</li> <li>12/31/1970</li> </ol>		of Last Report V/02/1995
Principal Pla	ice of Business		2a. Mailing Address			4. FEI Number		Applied For
Saile, Apt. #			Suite, Apt. #, etc	C.		59-1309030  5. Certificate of Status Desired		\$8.75 Additional
City & State			City & State			6. Election Campaign Financing		Fee Required
<u>.</u>		···	28		····	Trust Fund Contribution		\$5.00 May Be Added to Fees
Zφ	25 Cou	ntry	Zip <b>29</b>	30 Co	untry	This corporation has liability for Florida Statutes		under s. 199.032,
	9. Name and Add	dress of Current	Registered Agent			10. Name and Address of New		gent
STAFFO	RD, WILLIAM T				81 Name			
	FT HARRISON AV	E			82 Street Add	dress (P.O. Box Number is Not Accept	table)	
BLDG. E					83			
	VATER FL 33616				84 City		FI	85 Zip Code
CLEARW  Pursuant to or registere	o the provisions of Se ed agent, or both, in t	ctions 607.0502 a he State of Florida pations of Sections	and 607.1508, Florida St a. Such change was auth n 607.0505, Florida Stat	atutes, the ab	' '	oration submits this statement for the pard of directors. I hereby accept the ap	FL purpose of chan opointment as n	1 1 '
CLEARW  Pursuant to or registere familiar with	o the provisions of Se od agent, or both, in t o, and accept the obl	igations or, section	ari 607.0505, Florida Stat	utes.	ove-named corpo corporation's boa		ourpose of chan opointment as n	1 1 '
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outh, 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 an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTO

813-446-6345