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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business Soos C HAMPATON OAKS PKWY TAMPA FL 33610 Maling Address Maling Address 5909 C HAMPATON OAKS PKWY 5909 C HAMPATON OAKS PKWY TAMPA FL 33610 (C) Maling Address 5909 C HAMPATON OAKS PKWY 5909 C HAMPATON OAKS PKWY TAMPA FL 33610												
								3. Date Incorporated or Qualified 03/09/1979	3a. Date of L			
2. Principal Place of Business			2a.	2a. Mailing Address				4 (5) Number				
21			26	26				4. FET Number Applied For S9-1930605 Not Applied For Not Applied.				
			27	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State				Oity & State				6. Election Campaign Financing	ion Campaign Financing \$5.00 May Re			
			28					Trust Fund Contribution	Added to Fees			
24			r	Z(p) Country				8. This corporation has liability for i		ders 199.0)32,	
9. Name and Address of Current			ent Registe	29 30 30								
						81 Na	ne	10. Name and Address of New R	egistered Agen	<u>t</u>		
BAKER	, FREDERIC	K W					· · · ·					
29152 CROSSLAND DR							et Addre	t Address (P.O. Box Number is Not Acceptable;			•	
WESLE	y Chapel I	FL 33543			ŀ	B3						
					- 1							
					1	B4 City		·	FL 85	Zip Code		
ramılar w	to the provision ered agent, or with, and accept	ons of Sections 607,050 both, in the State of Flo nt the obligations of, Se	02 and 607, rida: Such c otion 607,08	1508, Florida Statu change was authori 505, Florida Statute	tes, the above zed by the cost	e-name orporatio	1 corporat n's board	ion submits this statement for the purp of directors. I hereby accept the appo		its register ered agent	ed office Lam	
SIGNATURE	Stanature, typed in	The first hard superior of second contract										
12.	Signature speed or printed owner or registers, agent and the diagramment. OFFICERS AND DIRECTORS				Off Hojeleration	नुसर्ग अनुन्ता	ztez zes poirce,† y		DA7t			
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CITY - ST - ZIF												

14. I do hereby 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). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 813-621-6463