## 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

(0)

**DOCUMENT #** 1. Corporation Name

Principal Place of Business Mailing Address P.O. BOX 25376 TAMPA FL 33622 TAMPA FL 33622								
1AMPA FL 33	R022	IAMEN EL SXIZZ			3. Date incorporated or Qualific	ed <b>3a</b> . Dat	05/11/1995	
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number Applied Applied		Applied For Not Applicable		
Suite, Apt #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be	
23	28			Trust Fund Contribution		Added to Fees		
Zip	Country	Zip Cou			This corporation has liability for intar     Florida Statutes  Yes		ingible tax under s. 199.032, TNo	
24	9. Name and Address of Current	29 Pagistared Agent	30		Florida Statutes  10. Name and Address of Ne		Agent	
	9. Name and Address of Corrent	Registered Agent	61	Name				
	ARDT, EMIL C JR		82	Street Addr	ess (P.O. Box Number is Not Accep	otable)		
400 CLEVELAND ST., 8TH FLOOR				Shedi Addices (175 Bette				
CLEARWATER FL 34615			83					
			84	City		FL	85 Zip Code	
SIGNATURE SIGNATURE STREET ADDRESS	PD OFFICERS AND BANNING, DAVID 921 GUISANDO DE AVILA TAMPA FL	OFFICERS AND DIFFECTORS  DELETE  G, DAVID  SANDO DE AVILA		ADDRESS	ADDITIONS/CHANGES TO		D DIRECTORS IN 12 Change Addition	
TITLE NAME STREET ADDRESS	SD DELETE BANNING, MARY 921 GUISANDO DE AVILA TAMPA FL		1.4 CITY-: 2 1 TITLE 2 2 NAME 2 3 STREE 2 4 CITY-:	ADDRESS			Change Addition	
TITLE NAME STREET ADDRESS	BANNING, DAVID A JR. 16207 BELLE MEADE BL ODESSA FL	ELLE MEADE BL		T ADDRESS			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	THOMPSOM, RENA 8801 BELL CREST COURT TAMPA FL	□ DELFTE	4 1 TITLE 4 2 NAME	ADURESS			Change Addition	
CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY ST - ZIP	PIKE, BOS 11502 NORUAL PLACE TEMPLE TERRACE FL	☐ DELE1€	5 1 TITLE 5 2 NAME	I ADDRESS	Piko, Bob		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WCCLAIN, TIM, 4807 CENTERBROOK CT. TAMPA FL certify that the information supplied v	☐ DELETE	6 1 T TLE 62 NAME 63 STREE	LADDRESS	to the evenution risted in Section	119 07/3/10	Change Addition	

contributed 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 oath; that I am an officer or director of the corporation or the receiver or trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR