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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT		Sandra B. Mortham Secretary of State		
1996	D.VIS	ON OF CORPORATIONS		
DOCUMENT # 6953	133			
Dennis M. Bill	L, f. A. Mailing Address	······································		
12414 SHAWNA TR.	Mannid Maaress			
LARGO, FL. 34644 SAME		r		
~41cg0, Fe. 34644	0 , .		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Addr	?\$\$	4. FEI Number	Applied For
21 Suite Act # uto	26	nta .	59-2110881	Not Applicable
Suite, Apt #, etc.	Suite, Apt. ⊭	etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stale	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28	Country	Trust Fund Contribution	Added to Fees
Zip Country 25	Zip [29]	Gountry [30]	Florida Statutes	or intangible tax under s. 199.032, es. [X]No
	of Current Registered Agent		10. Name and Address of New	Registered Agent
Dennis M. Bi	ill	81 Name		
12414 SHAWNEL TR. 82 Street Addit			Address (P.O. Box Number is Not Accept	able)
LANGO, FL. 34644 83				· ·
27.30, 72. 37	•••	<b>84</b> City		85 Zip Code
•	0010:00 - 0011001 FL 21			- FL
<ol> <li>Pursuant to the provisions of Sections or registered agent, or both, in the Sta familiar with and accept the obligation</li> </ol>	iteur.ubez and tear. 1506, nond de of Fiorida. Such change was de of Soctor 607,0606, Fiorida	a Statures, the above harnesi G authorized by the corporation's Statutes	orporation submits this statement for the p board of directors. Thereby accept the ap	opointment as registered agent. Lam
SIGNATURE Demon M 3	il	otennes.		4/25/96
Signatine it person printed name of re-	general agent and standard or approprie	dti (It. Begistered Apert signature)  13.		FRICERS AND DIRECTORS IN 12
TITLE D. P.	DEL		ADDITIONS/CHAINGES TO C	Change Addition
NAME DONNIS M. BILL		1.2 NAME		
STREET ADDRESS 12414 SHAWARE TH	₹.	13 STREET ADDRESS		
CITY-ST-ZIP LARGO, FL- 3464		14 CD Y - S1 - ZIP		
TITLE NAME	□ DEt	ETE 2 1TITLE 22 NAME		Change Addition
STREET ADDRESS		2.3 STREET ACORESS		
City-St-ZiP		2.4 CITY+ST+ZIP		
TITLE	DEL	ETE. 3 1 THEE	-	Change Addition
NAME		3 2 NAMÉ		
STREET ADDRESS		3.3 STREET ACORESS		
TITLE		3.4 C(1) - ST - Z)F' ETE 4.1 1(1) F		Change Addition
NAME		4.2 NAME		
STREET ADORESS		4.3 STREET ADDRESS		
CITY-SI-ZIP	Programme and the second secon	4.4 City - ST - ZiF	7000018	178457 - · ·
THE	C Dét		<b>7000015</b> -05/06/960	1021CTT
NAME STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS	***200,00	
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
Tifté	☐ DEL			Change Addition
NAME		6.2 NAMS		
STREET ADDRESS		6.3 SIMEEL ADDRESS		
CHY-S1-ZIP  14. I do hereby certify that the information	supplied with this filma is volun	64 CHY-ST-ZIF arily furnished and does not gu	alify for the exemption stated in Section 1.	19.07(3l/k), Florida Statutes, I further

roomers of the information indicated in this register supplemental annual report is rupe and uses not quarry for the exemption stated in Section 1.19.07 (a)k, Florida Statutes. Turther certify that the information indicated on this annual report is supplemental annual report is rupe 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/s/96 813.397.3000

OF Ab