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PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

Principal Place % HENRY EAF	rl Cotman. MD Reet. South	Mailing Address % HENRY EARL COTM P.O. BOX 383 ST. PETERSBURG FL S			3. Date Incorporated or Qualified	3a. Date	of Last F	Report
2. Principal Pk	ace of Business	2a, Mailing Address			08/05/1981 4. FEI Number	11,	/03/199	Applied For
21		26			59-2231805			Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
City & State		City & State	· · · · · · · · · · · · · · · · · · ·		· <del>-  </del>		<del> </del>	Required
23	,	28			Election Campaign Financing     Trust Fund Contribution			0 May Be
Zιρ	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for	intangible ta		
24	25	29	30		Florida Statutes Yes	s □No		
	9. Name and Address of Curre	nt Registered Agent		I	10. Name and Address of New I	Registered .	Agent	
COTHERN	LUCKION CADI		81	Name				
COTMAN, HENRY EARL 701 SIXTH STREET, SOUTH ST. PETERSBURG FL 33701			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)	,,	
			83					
• • • • • • • • • • • • • • • • • • • •			L					
				City			85   Z	ip Code
or registere familiar wit	to the provisions of Sections 607.050; ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authori;	zed by the corpo	named corpor	ration submits this statement for the pured of directors. I hereby accept the app	FL rpose of cha pointment as	inging its	registered office I agent. I am
or registere familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Signature, typed or printed name of registered agen	ida: Such change was authori tiori 607.0505, Florida Statute	tes, the above-nized by the corps.  Off Registered Agen	named corpor oration's boar	rd of directors. I hereby accept the app	rpose of cha pointment as DATE FICERS AND	inging its registered	Jagent, Fam  DRS IN 12
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