

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 745667 (6)

1. Corporation Name

PASADENA PLAZA, INC.

Principal Place of Business

6700 1ST AVE S
ST PETERSBURG FL 33707

Mailing Address

~~6700 1ST AVE S~~
~~ST PETERSBURG FL 33707~~



3. Date Incorporated or Qualified
01/23/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 4318 22ND ST N

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 ST. PETE, FL

24 Zip 25 Country 29 33714 30 USA

4. FEI Number

59-1989581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~LAMONT, GUY~~
~~250 104TH AVENUE~~
~~TREASURE ISLAND FL 33700~~

81 Name JOHN H. O'BEIRNE

82 Street Address (P.O. Box Number is Not Acceptable)
6700 1ST AVENUE SOUTH #101

83

84 City ST. PETERSBURG FL 85 Zip Code 33707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John H. O'Beirne*

JOHN H. O'BEIRNE

6/15/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME ~~LEVONIAN, HARRY~~
STREET ADDRESS ~~6700 1ST AVENUE SOUTH~~
CITY-ST-ZIP ~~ST. PETERSBURG FL~~

11 TITLE D ☒ Change ☐ Addition
12 NAME NANCY LEHNERS
13 STREET ADDRESS 2960 14TH ST NORTH
14 CITY-ST-ZIP ST. PETERSBURG, FL 33704

TITLE PD ☐ DELETE
NAME O'BEIRNE, JOHN
STREET ADDRESS 6700 1ST AVENUE, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME ~~SCHALLER, CAROL~~
STREET ADDRESS ~~6700 1ST AVENUE, SOUTH~~
CITY-ST-ZIP ~~ST. PETERSBURG FL~~

31 TITLE D ☒ Change ☐ Addition
32 NAME FRED VANBREDE ROBE
33 STREET ADDRESS 400 RIVER ROAD
34 CITY-ST-ZIP BRAMPTON, ONT CANADA L6Y 1B0

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

John H. O'Beirne

6/15/96

813/522-0189

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)