FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM									
1. Corporation	MENT # 76434	8							
	ky Point Island As		Inc.						
Principal Place	of Business	Mailing Addre	ess			_			
2506 Rocky Point Drive 2506 Rocky Point				b					
	_				•				
Γampa, F. US	L 33607	Tampa, : US	rь э.	3607		3. Date incorporated or Qualified	3a. Da	ate of Last R	leport
00		05				07/28/1982	05	/11/95	
2. Principal Pla	ace of Business	2a. Mailing Ad	ddress			4. FEI Number 59–3010686		<u> </u>	oplied For
1		26				33-3010666			ot Applicable
Suite. Apt #	4, etc	Suite, Apt	#, etc.			5. Certificate of Status Desired		-	Additional equired
City & State		City & Sta	16			6. Election Campaign Financing			May Be
City & State		28				Trust Fund Contribution		•	to Fees
Zip	Country	Zip		Country		8. This corporation has liability for	or intangible	tax under s	199 032.
4	25	29		30		Florida Statutes	Yes	X No	
J	9. Name and Address of Curre	ent Registered Age	nt			10. Name and Address of New	Registered	Agent	
\				61	Name				
	Charles J. orth 56th Street				Street Address (P.O. Box Number is Not Acceptable)				
Suite	i i			83					
		7_5594		0.4	Calu			85 Z ₁ p	Code
Temple Terrace, FL 33617-5594					' "			.	
office or re	egistered agent, or both, in the Stal m familiar with, and accept the obli	te of Florida. Such cl	nange was a	autnorized by	y tne corpo	orporation submits this statement for the ration's board of directors. I hereby acc	e purpose o cept the app	ointment as	registered
office or re agent I an SIGNATURE _	egistered agent, or both, in the Stat n familiar with, and accept the obli Signature, spector printed name of registered a	te of Florida, Such cl gations of, Section 6	nange was a 17 0503, Fio	authorized by orida Statute:	y the carpo s	orporation submits this statement for the ration's board of directors. I hereby account of the research of the rational statement for the rational statement	DATE	D DIRECTO	RS IN 12
office or reagent. I an SIGNATURE	agistered agent, or both, in the Stat in familiar with, and accept the obli- Signature ispect or printed name of registered a OFFICERS A	te of Florida, Such cligations of, Section 6	nange was a 17 0503, Fio	authorized by orida Statute: L. Registerco Agr	y the carpo s	quired when renstating)	DATE	John Tille Till Cas	
office or reagent. I an SIGNATURE	egistered agent, or both, in the Stat n familiar with, and accept the obli- Signature ispect or printed rame of registered a OFFICERS A	te of Florida, Such cligations of, Section 6	nange was a 17 0503, Flo	authorized by orida Statute: L. Registered Age	y the carpo s	quired when renstating)	DATE	D DIRECTO	RS IN 12
office or reagent. I an SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obli- Styrature typed or printed name of registered a OFFICERS A PD Loida, Robert	te of Florida, Such of gations of Section 6 yent and the diappears. ND DIRECTORS	nange was a 17 0503, Flo	E flegistered Age 13. 11 TITLE 12 NAME	r ADDRESS	quired when renstating)	DATE	D DIRECTO	RS IN 12
office or reagent. I an SIGNATURE	egistered agent, or both, in the Stat n familiar with, and accept the obli- Signature ispect or printed rame of registered a OFFICERS A	le of Horida Such of gations of Section 6 gentland the flappicatic ND DIRECTORS	nange was a i17 0503, Fic (NOT)	E Registered Age 13. 11 TITLE 1 2 NAME 1 3 STREET	r ADDRESS	quired when renstating)	DATE	D DIRECTOI	RS IN 12
office or reagent. I an SIGNATURE	Signature upod or printed name of registered a OFFICERS A PD Loida, Robert 2701 Rocky Point Tampa, FL 33607	le of Horida Such of gations of Section 6 gentland Shelf appreciate ND DIRECTORS	nange was a 17 0503, Flo	E Registerer Age 13. 11 TITLE 12 NAME 13 STREET 14 CITY: \$2 1 TITLE	r ADDRESS	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	RS IN 12
office or reagent. I an SIGNATURE	Signature typed or printed name of registered a Signature typed or printed name of registered a OFFICERS A PD LOIDA, Robert 2701 Rocky Point Tampa, FL 33607 SD Sullivan, Andrew	te of Horida Such of gations of Section 6 gariand the flappicatic ND DIRECTORS	nange was a i17 0503, Fic (NOT)	E Registerer Age 13. 11 TITLE 12 NAME 13 STREF 14 CITY: 21 TITLE 22 NAME	rent signature re	quired when renstating)	DATE	D DIRECTOI	RS IN 12
office of reagent. I an SIGNATURE	PD Loida, Robert 2701 Rocky Point Tampa, FL 33607 SD Sullivan, Andrew 2502 Rocky Point	le of Horida Such of gations of Section 6 gations of Section 6 up ni and the flapping at a ND DIRECTORS Dr.	nange was a i17 0503, Fic (NOT)	E Registerer Age 13. 11 TITLE 12 NAME 13 STREE 14 CITY 5 21 TITLE 22 NAME 23 STREE	I ADDRESS	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	D DIRECTOI	RS IN 12
office or reagent. I an agent. I an SIGNATURE. 112. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 Tampa, FL 3360 Tampa, FL 3360	te of Horida Such of gations of Section 6 gations of Section 6 gations of Section 6 ND DIRECTORS Dr. 7 Dr. 77	nange was a i17 0503, Fic (NOT)	E Registerer Age 13. 11 TITLE 12 NAME 13 STREF 14 CITY: 21 TITLE 22 NAME	I ADDRESS	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	D DIRECTOI	RS IN 12
Office or reagent. I an agent. I an SIGNATURE. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Tampa, FL 3360 TD	te of Horida Such of gations of Section 6 gations of Section 6 gations of Section 6 ND DIRECTORS Dr. 7 Dr. 77	TAINGE WAS A	E frequencies Age 13. 11 TITLE 12 NAME 13 STREET 14 CITY: 21 TITLE 22 NAME 23 STREET 24 CITY: 24 CITY: 24 CITY: 25 CITY 25 CITY 27 CITY 28 CITY 28 CITY 29 CITY 20 CITY 20 CITY 20 CITY 21 CITY 21 CITY 22 CITY 23 CITY 24 CITY 25 CITY 26 CITY 27 CIT	I ADDRESS	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	O DIRECTOI Change Change K Change	RS IN 12 Aedition Addition
Office or reagent 1 and SIGNATURE	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M.	te of Horida Such of gations of Section 6 gations of Section 6 up ni and the flapping after ND DIRECTORS Dr. 7 Dr.	TAINGE WAS A	In Title 1 Registered Age 13. 11 Title 12 NAME 13 STREE 14 CITY: 21 Title 22 NAME 23 STREE 24 CITY: 31 TITLE 32 NAME	I ADDRESS	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	O DIRECTOI Change Change K Change	RS IN 12 Aedition Addition
Office or reagent 1 and SIGNATURE	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Tampa, FL 3360 TD	gations of Section 6 gation 6 gat	DELETE DELETE	In Title 1 Registered Age 13. 11 Title 12 NAME 13 STREE 14 CITY: 21 Title 22 NAME 23 STREE 24 CITY: 31 TITLE 32 NAME	I ADDRESS S1 - ZIP I ADDRESS S1 - ZIP	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	O DIRECTOI Change Change K Change	RS IN 12 Addition Addition
Office or reagent. Land agent.	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point	gations of Section 6 gation 6 gat	TAINGE WAS A	E Registerer Age 13. 11 TITLE 12 NAME 13 STREE 14 CITY 5 21 TITLE 22 NAME 23 STREE 24 CITY 31 DITLE 32 NAME 33 STREE	I ADDRESS S1 - ZIP I ADDRESS S1 - ZIP	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	O DIRECTOI Change Change K Change	RS IN 12 Addition
Office or reagent 1 and SIGNATURE	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point	gations of Section 6 gation 6 gat	DELETE DELETE	E frequencies Age 13. 11 TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 2 4 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 4 2 NAME	I ADDRESS S1 - ZIP I ADDRESS S1 - ZIP	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	D DIRECTOL Change Change Change	RS IN 12 Addition Addition
Office or readers I and Signature	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point	gations of Section 6 gation 6 gat	DELETE DELETE	In the state of th	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	D DIRECTOL Change Change Change	RS IN 12 Addition Addition
Office or re- agent 1 an SIGNATURE _ 12. HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point	te of Florida Such of gations of Section 6 gations of Section 6 ND DIRECTORS Dr. 7 Dr. 17 Dr. 17	DELETE DELETE DELETE	In the state of th	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	D DIRECTOL Change Change Change	RS IN 12 Addition Addition Addition
Office or readers agent 1 and Signature	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point	te of Florida Such of gations of Section 6 gations of Section 6 ND DIRECTORS Dr. 7 Dr. 17 Dr. 17	DELETE DELETE	E frequencies Age 13. 11 TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 42 NAME 43 STREE 44 CITY 51 TITLE	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	D DIRECTOL Change Change Change	RS IN 12 Addition Addition
Office or re- agent 1 an SIGNATURE _ 12. HILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point	te of Florida Such of gations of Section 6 gations of Section 6 ND DIRECTORS Dr. 7 Dr. 17 Dr. 17	DELETE DELETE DELETE	E Registered Age 13. 11 TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 42 NAME 43 STREE 44 CITY 51 TITLE 52 NAME	I ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE	D DIRECTOL Change Change Change	RS IN 12 Addition Addition Addition
Office or re- agent 1 an SIGNATURE _ 12. HILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point	te of Florida Such of gations of Section 6 gations of Section 6 ND DIRECTORS Dr. 7 Dr. 17 Dr. 17	DELETE DELETE DELETE	### THE #### THE ### T	I ADDRESS ST-ZIP I ADDRESS	ADDITIONS/CHANGES TO OF	DATE FICERS ANI	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition Addition
Office or re- agent 1 an SIGNATURE _ 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point	te of Florida Such of gations of Section 6 gations of Section 6 ND DIRECTORS Dr. 7 Dr. 17 Dr. 17	DELETE DELETE DELETE	E Registered Age 13. 11 TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 42 NAME 43 STREE 44 CITY 51 TITLE 52 NAME	I ADDRESS ST-ZIP I ADDRESS	ADDITIONS/CHANGES TO OF	DATE FICERS ANI	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition Addition
Office or reagent 1 and SIGNATURE	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point	te of Florida Such of gations of Section 6 gations of Section 6 ND DIRECTORS Dr. 7 Dr. 17 Dr. 17	DELETE DELETE DELETE	13. 11 TITLE 12 NAME 13 STREE 14 CITY 15 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 42 NAME 43 STREE 44 CITY 51 TITLE 52 NAME 53 STREE 54 CITY 51 TITLE 52 NAME 53 STREE 54 CITY 51 TITLE 52 NAME 53 STREE 54 CITY 54 CITY 54 CITY 55 TITLE 55 NAME 55 STREE 54 CITY 55 TITLE 55 NAME 55 STREE 55 CITY 55 TITLE 55 NAME 55 STREE 55 CITY 55 TITLE 55 TI	I ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OF	DATE FICERS ANI	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition Addition
Office or reagent. Land SIGNATURE 12. HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point	te of Florida Such of gations of Section 6 gations of Section 6 ND DIRECTORS Dr. 7 Dr. 17 Dr. 17	DELETE DELETE DELETE	### TITLE 1 PROJECTION ASSTATUTES 1 TITLE 1 2 NAME 1 3 STREE 1 4 CITY 5 2 1 TITLE 2 NAME 2 3 STREE 2 4 CITY 3 3 TOTLE 3 NAME 3 STREE 3 4 CITY 4 4 TITLE 4 2 NAME 4 STREE 5 TITLE 5 NAME 5 STREE 6 TITLE 6 NAME 6 TITLE 6 NAME	I ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OF	DATE FICERS ANI	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition Addition
Office or re- agent I an SIGNATURE THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD Loida, Robert 2701 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360 TD Read, Jana M. 2506 Rocky Point Tampa, FL 3360	te of Florida Such of gations of Section 6 The section for	DELETE DELETE DELETE DELETE	13. TITLE 12 NAME 13 STREE 14 CITY 21 TITLE 22 NAME 23 STREE 24 CITY 31 TITLE 32 NAME 33 STREE 44 CITY 41 TITLE 42 NAME 43 STREE 54 CITY 51 TITLE 52 NAME 53 STREE 54 CITY 61 TITLE 62 NAME 63 STREE 64 CITY 61 TITLE 62 NAME 63 STREE 64 CITY 61 TITLE 62 NAME 63 STREE 64 CITY	I ADDRESS ST. ZIP I ADDRESS ST. ZIP	quired when reinstating? ADDITIONS/CHANGES TO OF	DATE FICERS ANI	Change Change Change Change	Addition Addition Addition Addition

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), rividida statutes in 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Jana M. Read

3

4/22/96 (813) 281–9599

Daytime Phone #

Date