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PROFIT CORPORATION ANNUAL REPORT



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

1996

JUCU . Corporatio	MENT #	F0259	5	(9)								
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rinoinal Place	o of Buspace		N. A. S. C.	Address			· · · · · · · · ·	<b>                       </b>				
incipal Place of Business C/O JEFFERY L. MORRIS 1702 ROLLING OAKS LANE			Mailing Address  C/O JEFFERY L. MORRIS  11702 ROLLING OAKS LANE				İ					
TAMPA FL 3	3624		TAM	IPA FL 33624				3. Date Incorpor	ated or Qualified	30 D	ate of Last I	Remort
								10/22/198			03/01/19	
Principal P	lace of Business		2a. M	ailing Address				4. FEI Number				Applied For
0.25. 1.5.			26					59-2035	5564			Not Applicabl
Suite, Apt	#, EIC.		27	uite, Apt. #, etc.				5. Certificate of 8	Status Desired			5 Additional Required
City & Stat	io			ity & State				6. Election Camp	nalon Financino			00 May Be
	· · - · · · · · · · · · · · · · · · · ·		28					Trust Fund Co	-			ed to Fees
Zφ		Country	Z	ρ	<b>⊢</b> ¬	untry		8. This corporation			tax under s	s 199.032,
	25	d Address of Currer	29		30	1	· · · · · · · · · · · · · · · · · · ·	Florida Statute		s 🗆 No		
	9, Ivallie al	o Audiess of Coffer	ii negister	eu Agent	····	81	Name	10. Name and A	daress of New F	Registere	d Agent	
MORRIS	, JEFFERY L.											
	OLLING OAK	S LN.				82	Street Addr	ress (P.O. Box Numbe	er is Not Acceptat	ble)		
TAMPA (	FL 33624					83						
						1 1					11 5	
						94	City					
Pursuant or register tamiliar wi	to the provisions red agent, or bo	s of Sections 607.0502 th, in the State of Flori the obligations of Sect	2 and 607,1 da. Such ch	508, Florida Stati nange was autho 35, Etwida Statut	utes, the ab	84 ove-n corpo	City amed corpor bration's boar	ration submits this stated	tement for the pu	rpose of a	LIT	ip Code registered officed d agent. I am
		s of Sections 607,0502 th, in the State of Flori the obligations of, Sect				ove-n corpc	amed corpor oration's boar		tement for the pu y accept the app		LIT	•
GNATURE	Signature, typed or p		and the Lappin	cable p PRS		OVB-IN CORPO	amed corpor oration's boar	d when reinstating)	tement for the pu by accept the app HANGES TO OFF	irpose of coontract a	changing its as registere	registered offic d agent. I am
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SIGNATURE:

MADURAL J. L. MORRIS
HATUR AND TYPED OFFICIAL NAME OF SIGNING OFFICER OR DIRECT

3/11/96 813-764-1830