

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F15025 (2)

1. Corporation Name

RICHARD MANEY & ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

101 E KENNEDY BLVD
STE 3170
TAMPA FL 33602
US

101 E KENNEDY BLVD
STE 3170
TAMPA FL 33602
US

3. Date Incorporated or Qualified

01/15/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FET Number

59-2090880

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 change in tax under s. 199.032,
Florida Statutes



Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MANEY, RICHARD HENRY, ESQ.
101 E KENNEDY BLVD
STE 3170
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent must be typed or printed)

(If 11. Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

PV
MANEY, RICHARD H
615 SHELLCRACKER CT
TAMPA FL

DELETE

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96

813 221-1366