## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI 1. Corporation THE FL	MENT # F5 Name LOWER CONE, INC	ζ-,					
Principal Place	of Business	Mailing Address		I 1001/80 HBI 01111 00481 81HI 08111 P	1861 BUDIL 41811 BIBIL BUDIL 81		
CHRIS CHAPMAN 11140 N. 30TH STREET TAMPA FL 33612		CHRIS CHAPMAN	CHRIS CHAPMAN 11140 N. 30TH STREET				
				3. Date Incorporated or Qualified 10/21/1981	3a. Date of Last Rep 01/27/1995		
2. Principal Pla 1	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2126938	<b></b>	oplied For ot Applicable	
Suite, Apt 1 2	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
City & State 3	) 	City & State		Election Campaign Financing     Trust Fund Contribution	□ \$5.00 Added t		
Ζιμ <b>4</b> ]	Country <b>25</b>	7ip <b>29</b>	Country 30	This corporation has liability for in Florida Statutes     Yes	ntangible tax under s 1		
	9. Name and Address	of Current Registered Agent		10. Name and Address of New Re			
6			B1 Name				
	AN, CHRIS		82 Street Addi	ress (P.O. Box Number is Not Acceptable	e)		
	. WOODMERE RD						
IAMPA I	FL 33617		83				
			84 City		FL 85 Zip (	Code	
11. Pursuant t	o the provisions of Sections	s 607,0502 and 607,1508. Florida Statute	es the above-named cornor	ration submits this statement for the num	<del></del>	lobored office	
familiar wit SIGNATURE	di, and accept the obligation	s 607,0502 and 607,1508, Florida Statute ate of Florida Such change was authorize his of, Section 607,0505, Florida Statutes	ed by the corporation's boar	ro of directors. I hereby accept the appoi	pose of changing its reg intment as registered a	istered office gent. I am	
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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 outly, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chapman Process Chapman Process Chapman Process Chapman Process Chapman Designation of the corporation of the corporation of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chapman Process Chapman Designation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of the corporation of the