## 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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	<u> </u>	ORPORATIONS	-		
	MENT # F95000 ENTURES, INC.	003389 (2)				
OOHO 1	EITTOTIEO; IITO				<b>       </b>	
Principal Place	of Business	Mailing Address		- I I I I I I I I I I I I I I I I I I I		
ALO FOULTO WANTE		C/O - FOWLER WHITE				
C/O - FOWLER WHITE P.O. BOX 1438		P.O. BOX 1438				
TAMPA FL 336	01	TAMPA FL 33601		3. Date Incorporated or Qualified	3a. Date of Last Report	
9. Principal Di	ace of Business	2a. Mailing Address		<b>07/17/1995 4.</b> FEI Number	Applied For	
2. Principai Pii	ace or pusitiess	26		98-0127767	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State	<b>)</b>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has hability for	intarigible tax under s. 199 032,	
24	25	29	30	Florida Statutes  10. Name and Address of New Re	Yes No	
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Ne	Bisteled Agent	
JACOBSON, RICHARD A			82 Street Addi	Address (P.O. Box Number is Not Acceptable)		
501 E. KENNEDY BLVD., STE 1700 TAMPA FL 33602				Address (F.O. box number is Net Acceptable)		
1700	W A I L 33002		83			
			<b>84</b> City		85 Zip Gode	
11. Pursuant office or reagent. I a	m familiar with land accept the obligat	Rons of, Section 607.0505, Fig	es the above named corporationized by the corporation of Statutes.  The figure and Agent signature requires	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing its registered the appointment as registered	
12.	Signature type if the protect moneral registered agest OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		
TITLE	PD	DELETE	1 1 THILE		Change Addition	
NAME	BEJA, CORINA		1.2 NAME			
STREET ADORESS	5901 SUN BLVD., STE 202	•	1.3 STREET ADORESS			
CITY-ST-ZIP TITLE	ST PETERSBURG FL	DELETE	2 1 TIME		Change Addition	
NAME	AS JACOBSON, RICHARD A		2.2 NAME			
STREET ADDRESS	501 E. KENNEDY BLVD., STE	1700	2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2 4 CITY - ST - ZIP		Change Addition	
TITLE		☐ D£LETE	3 1 TILE 3 2 NAME		Land Shange Troumon	
NAME STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			34 CHY-ST-ZIP			
TITLE		DELETE	4 º TITLF		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS : 4.4 City - SE-Zip			
CITY-ST-ZIP TITLE		DECETE	5 1 TITLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY - ST - ZIP		DELETE	5 4 CITY - SY - ZIP 6 1 TITLE	AM AMERICAN AND AND AND AND AND AND AND AND AND A	Change Addition	
TITLE NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			6.4.04LV - S.E. 7IP			

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 inclicated 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 eath, that I am an other conditions of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Boy K13 if changed, or on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

8/6/96 813 222 1159