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

DOCUMENT #

1. Corporation Name G37033

(9)

THE	MOCDE	IDENT	CAVINGO	DI AM	COMPANY
IHE	INDEPE	NDEN I	COMINAG	PLAN	CUMPANT

	DEPENDENT SAVINGS PLA							
Principal Place of Business		Mailing Address						
6302 BENJAMI	IN ROAD	6302 BENJAMIN ROAD						
SUITE 414		SUITE 414						
TAMPA FL 336	534	TAMPA FL 33634			3. Date incorporated or Qualified	3a. Date o	Last Re	poort
					05/05/1983		25/199	
2. Principal Pla	op of Business	2a. Mailing Address			4, FEI Number			Applied For
21 7 miliopar i la	CC Of Dualitiess	26 6420 Benjam	in D	000	59-2290504		\vdash	Not Applicable
	Late	Suite, Apt. #, etc.	TIT_T2	oau				Additional
Suite, Apt. #, etc.		27		5. Certificate of Status Desired		7	Required	
City & State		City & State			Election Campaign Financing			D May Be
一、 ・		28 Tampa, Flor	ida		Trust Fund Contribution			or may be of to Fees
Zip	Country	Zip Zip	Country	,	This corporation has liability for	intanoible tay		
\rightarrow	· · · · · · · · · · · · · · · · · · ·			r		No No	unoci s	133.032,
24	25 g. Name and Address of Curren	<u> </u>	ο ₁		10. Name and Address of New F		ent	
	g, Name and Address of Carron	t negistered agent	81	Name	10, 110, 110, 110, 110, 110, 110, 110,		,	
			1					
	IOBERT B, ESQ		82		ess (P.O. Box Number is Not Acceptal	de)		
	njamin RD		-	6420	Benjamin Road			
SUITE 41	 4		83	1				
TAMPA F	L 33634		84	City			85 Zip	Code
				Tompo	a	FL	। । २३	२६२४
SIGNATURE _	h, and accept the obligations of Sections Signature typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: R		nnt signature requiru	ation submits this statement for the pure of directors. I hereby accept the appearance of directors and directors accept the appearance of directors. I hereby accept the appearance of directors accept the appearance of directors accept the pure acceptance of directors accept the acceptance of directors acceptance of the acceptance of directors acceptance of the acceptan	DATE	96	
12.		DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE	PTD POPERT LIB	y, better	•			LA	ondigo	
NAME	SCHABES, ROBERT J, JR		1.2 NAME		6420 Benjamin Roa	d		
STREET ADDRESS	6302 BENJAMIN RD, #414		1.3 STREE	1 ADDRESS T	3420 benjamin Koa	u		
CITY-ST-ZIP	TAMPA FL		1.4 CITY -				70	D Addition
TITLE	CD	☐ DEFE1E	2 1 11116			LX	Change	☐ Addition
NAME	BENTLEY, CW II		2.2 NAME	I		_		
STREET ADDRESS	6302 BENJAMIN RD #414		2.3 STREE	T ADDRESS 6	6420 Benjamin Roa	.d		
CHY-ST-ZIP	TAMPA FL		2.4 CITY-	ST-ZIP				
TITLE	CAFS	☐ DELETE	3 1 TITLE				Change	☐ Addition
NAME	HICKS, ROBERT B		32 NAME					
STREET ADDRESS	6302 BENJAMIN RD #414		33 STRE	ET ADDRESS 4	6420 Benjamin Roa	d		İ
CITY - ST - ZIP	TAMPA FL		34 CHTY-		o teo Bonjamen no-	· -		
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			5.2 NAME				•	_
NAME .								
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CITY - ST - ZIP		DELETE	5.4 C/TY-				Change	Addition
TITLE		ן טנננונ	6 1 TITLE				Sharige	LI MOMINII
NAME			6.2 NAME					
STREET ADDRESS				FT ADDRESS				
CITY-ST-ZIP			64 CITY	ST-ZIP		0.7000 5	1- 6: : :	1 d
14. I do hereb certify that	y certify that the information supplied: I the information indicated on this and	with this filing is voluntarily furnishe ua! report or supplemental annual i	ed and do report is t	es not qualify f rue and accura	for the exemption stated in Section 119 ate and that my signature shall have the	7.07(3)(K), Flori a same legal e	ga Statut Iffect as if	tes. I further f made under
oath; that appears in	I am an officer or director of the corpo Block 12 or Block 13 if changed, or o	oration or the receiver or trustee er on an attachment with an address	mpowered 3.	to execute th	ate and that my signature shall have the is report as required by Chapter 607, F	Torida Statute:	s; and tha •	at my name

SIGNATURE: