| | PROFIT ORPORATIO NUAL REPO 1996 | (H. M. L. W.) | | | Ira B Morth retary of Sta | iam ate | | | | |
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| | 'H PARSONS AVE I FL 33511 | | | 18 South Parson: Randon Fl 33511 | S AVE | | | | | |
| | | | | | | | 3. Date incorporated or Or 02/08/1984 | ualified | 3a. Date of Las | |
| Principa | Il Place of Busines | \$ | 2a. | Mailing Address | | | 4. FEI Number | | 00/01/1 | Applied For |
| Suite A | pl. #. etc | | 26 | Suite, Apt. #, etc. | | | 59-3202943 | - | | Not Applicable |
| | | | 27 | Surre, Apr. #, etc. | | | 5. Certificate of Status Dec | sired [| | 75 Additional ee Required |
| City & S | State | | 28 | City & State | | | Election Campaign Fina Trust Fund Contribution | ~ , | | .00 May Be |
| Zip | 2 | Country 5 | 29 | Zip | 30 | ountry | 8. This corporation has liab | bility for inta | angible tax unde | |
| | 9. Name a | nd Address of Curre | ent Regist | ered Agent | | | 10. Name and Address of | | | |
| LEVIN | E, PAUL R | | | | | 81 Name | | | | |
| | ARSONS AVEN | | | | | 62 Street Add | ress (P.O. Box Number is Not A | (clostopo) | | |
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(813) 654-2273

SIGNATURE: PAUL R. LEVINE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR