

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # H00941 (5)

1. Corporation Name

~~PDMS LIQUIDATION CORP.~~

PDMS of TAMPA BAY, Inc. N/C 12-5 95 56

Principal Place of Business

% JOSEPH B. STERENSIS
7401 114TH AVE N STE 501
LARGO FL 34643

Mailing Address

% JOSEPH B. STERENSIS
7401 114TH AVE N STE 501
LARGO FL 34643



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

STERENSIS, JOSEPH B.
7401 114TH AVE N STE 501
SEMINOLE FL 34643

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/26/1984

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2400552

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 intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.1505, 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 of the individual acting as registered agent for the corporation

Signature of the Agent signed and returned with this report

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

STERENSIS, JOSEPH B.
7401 114TH AVE N STE 501
LARGO FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

STERENSIS, BARBARA G.
7401 114TH AVE N STE 501
LARGO FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

GROSSMAN, JOEL M.
7401 114TH AVE N STE 501
LARGO FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

GROSSMAN, JEFFRY H.
7401 114TH AVE N STE 151
LARGO FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

200001789882
-04/23/96--01014--016
***200.00

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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, 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:

Joseph B. Sterensis Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Division of Corporations

CR2E034 (12/95)