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 # H20287

(9)

20	1. Corporation	EN D. CSIZMADIA, M.S.	W., P.A.)
SUITE 270	Principal Place	of Business	Mailing Address				1911 81811 81811 81811 81811 1881
2. Principal Place of Business	SUITE 270 SUITE 270						
Substitution Subs							
Section Sect		ace of Business	hn				
27	Suite, Apt.	#, etc.					
25			···		Continuate of Status Desired		
20			<u>├</u> ┐ ′			П	
25		Country	··-· · ·- 	Country			
STREET ADDRESS Convertion	24			1			tax ti-luel \$ 199 032
CSZMADJA, STEPHEN D 1509 W. SWIANN SUITE 270 TAMPA FL 33606 Early Color Facility States		9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New	Registered	d Agent
SUPER 1/2008 SWANN SUPER 1/2008 SUPER 1/200							
SUITE 20	1509 W. SWANN			82 Street Addi	Street Address (P.O. Box Number is Not Acceptable)		
May Bay				83			
THE PURSUANT TO THE provisions of Sections 607 05.02 and 607 1508. Floridal Statutes, the above named emperation is definite this purpose of change its registered of increases registered agent. or both, in the State of Floridal Succi change was authorized by the corporation's board of directors. I hereby accopit the appointment as registered agent. I am state with an advanced the collegations of Section 607 0500. Floridal Statutes are as a statement for the purpose of change its registered agent. I am statement to cliquitions of Section 607 0500. Floridal Statutes are as a statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of change its registered agent. I am statement for the purpose of the	TAMPA F	FL 33606					
STREET ADDRESS STRE						FI	
SIGNATURE					ration submits this statement for the p	urpose of ch	nanging its registered office
Special Spec	icu mica 4710	h, and accept the obligations of, §	Section 607.0505, Florida Statules	S	the distance of the distance o	pominicin a	is registered agent. Fam
12	SIGNATURE _	Signature: typed or profestings a of registered a	enjest and the diagnosis (fe	DB Forded mad Agent's all with refrequence	of softer, re-distrators	TATE	
NAME							ID DIRECTORS IN 12
1509 W. SWANN, STE. 270 13 SIRE! ADDRESS 14 CTY-S1-ZIP 17 17 17 17 17 17 17 1			DECETE	1 FTITLE			Change Addition
TAMPA FL 33606			Λ				
THE	-	-	U				
NAME 22 FAME Addition STREET ADDRESS 23 STREET ADDRESS CHY-ST-ZIP 24 CHY-ST-ZIP Change Addition NAME DELETE 31 THEE Change Addition Addition NAME 32 FAME Change Addition Addition NAME 42 AMAE Change Addition Addition NAME 42 STREET ADDRESS CHY-ST-ZIP Change Addition Addition THE DELETE 4 CHY-ST-ZIP Change Addition Addition NAME DELETE 5 THEE Change Addition Addition NAME 5 STREET ADDRESS CHY-ST-ZIP Change Addition Addition NAME 5 STREET ADDRESS CHY-ST-ZIP Change Addition Addition NAME CHY-ST-ZIP Chan							Change - McKing
STREET ADDRESS 23 STREET ADDRESS 24 CITY - 51 - 72P ITILE	NAME						Charige Applican
CITY-ST-ZIP	STREET ADDRESS						
NAME	CITY-ST-ZIP						
STREET ADDRESS	TITLE		DELETE	3 1 TITLE			☐ Change ☐ Addition
DELETE 34 CHY-St-ZP 34 CHY-St-ZP 34 CHY-St-ZP Addition DELETE A 1 THE Change Addition A				3.2 NAME			
TITLE				3.3 STREET ADDRESS			
NAME			The contract of the contract o				
STREET ADDRESS			[] DELETE				Change
CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE 5 TITLE Change Addition NAME 5 2 NAME 5 2 NAME STREET ADDRESS 5 3 STERET ADDRESS 5 4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6 2 NAME 5 3 STERET ADDRESS STREET ADDRESS 6 3 STREET ADDRESS 5 3 STREET ADDRESS	Į.						
THEF DELETE 5 1 HLE Change Addition NAME 52 NAME 52 NAME							
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZIP TITLE □ DELETE 6 · TITLE □ Change □ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS			□ DELETE				Channe C Addition
STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 TITLE Change NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS	NAME					!	THE AMORITAN
CITY-ST-ZIP 5.4 CITY-ST-ZIP TILLE DELETE 6.1 II.LE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS						į
HILE DELETE 6 ' HILE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS	CITY-ST-ZIP						
STREET ADDRESS 6.3 STHEET ADDRESS	TITLE	/=====================================	DELETE				☐ Change ☐ Addition
on united reported	NAME			6.2 NAME			_
A No. As and a little of the control				63 STREET ADDRESS			
CITY-ST-ZIP 64C1Y-ST-ZIP 64C1Y-	CITY-ST-ZIP	certify that the information a seed	ad with this files is not seed of	64 Crity-ST ZIP			

red before the mormation indicated on this annual report or supplemental 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 if made under oath; that I am an officer or director of the corporation or the receiver or I rustee 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.

 $\textbf{SIGNATURE:} \chi$

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

y. 4/18/96 X Contro Proce x