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 # H36277**

(2)

Principal Place of Eusiness 4047 4TH STREET NORTH ST. PETERSBURG FL 33703 Mailing Address 4047 4TH STREET NORTH ST. PETERSBURG FL 33703					
				3. Date Incorporated or Qualified 01/02/1985	3a. Date of Last Report 05/01/1995
21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2493348	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	B. This corporation has liability for	Added to Fees intangible tax under s 199.032
24	9. Name and Address of Curr	29	30	Florida Statutes Yes	□No
	5. Name and Address of Com	ent Registered Agent	B1 Name	10. Name and Address of New R	egistered Agent
PHANEL	JF, RONALD T.				
4047 4TH STREET NORTH			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
ST. PETERSBURG FL 33703			83		
			84 City	···	FI 85 Zip Code
familiar wi	th, and accept the obligations of, Sec Signature, typed or printed name of registered ago	ction 607.0505, Florida Statut	es. NOTE: Registered Agent signature require		DATE
TIGLE	P	DELETE	13.	ADDITIONS/CHANGES TO OFFI	
NAME	PHANEUF, RONALD T.	DELLA	1. 1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	1875 BAYOU GRANDE BLV	NE	13 STREET ADDRESS		
CITY - S1 - ZIP	ST. PETERSBURG FL		1.4 City-St-ZIP		i
TITLE	ST	☐ DELETE	2 1 TITLE		Change Addition
NAME	PHANEUF, PATRICIA A.		2 2 NAME		
STREET ADDRESS	1875 BAYOU GRANDE BLV I	NE	2 3 STREET ADDRESS		
CITY - ST - ZIP	ST PETERSBURG FL		24 CITY-ST-ZIP		
Tille		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-S1-ZIP		F-1 an ar-	3.4 CITY-ST-ZIP		
		DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY-ST-ZIP		
NAME		["] orceit	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 6. 1 TITLE		
NAME			6.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS		

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 if made under appears in Block 12 or Block 13 if changed, and on an attachment with an appress.

6.4 CITY-ST-ZIP

SIGNATURE:

OFFICER OF DIRECTOR

813-822-4473 Daytime Prione #