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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		Secreta DIVISION OF	ary of State CORPORA					
DOCUI	MENT #	H90190	(0)	y 1973 (************************************					
•	R, INC.							i Bian agu	
 Principal Place	of Business		Mailing Address						
14076 63RD WAY N CLEARWATER FL 34620 US			PO BOX 17228 CLEARWATER FL 34622						
			U\$			3. Date incorporated or Qualified 12/17/1985	3a. Date o	of Last Re /12/19	,
t. Principal Pla	ace of Business	2a 26	ı. Mailing Address			4. FEI Number 59-2891796			Applied For
J _ Soite, Apt. :	#, etc.	20	Suite, Apt. #, etc.		Nr 2 2142				Not Applicable Additional
]		27				Certificate of Status Desired			Required
City & State		28	City & State	1 - 		6. Election Campaign Financing Trust Fund Contribution		Adde	May Be d to Fees
- Ζιρι]	25	ountry 29	Zip 	Coun	itry	B. This corporation has liability for Florida Statutes	rintangible tax s - I K∏ No	under s	199.032,
	9. Name and A	ddress of Current Regi	stered Agent			10. Name and Address of New I		gent	
HOELB	0V 1 D1701017			•	B1 Name				
	OY, J. PATRICK ULF-TO-BAY BLV	'n		Ī	82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
SUITE :		U.		T	83				
	WATER FL 33515	ı		Ļ	84 City			r:	
								85 Zir	Code
U register	ear agent. Or Dour. III	LUIU SAUE DI FIDRICIA SUC	n coance was aumonze	e the show	named core	oration submits this statement for the pu ard of directors. I hereby accept the app	FL irpose of chan pointment as re		T. 7. 1. 10
familiar wit	th, and accept the o	tiligations of, Section 607	1.0505, Florida Statutes.	s, the aboved by the co	named core	ard of directors. I hereby accept the app	irpose of chan pointment as re	ging its n egistered	egistered office agent. I am
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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 trusted 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 og an attrachment with an address.

SIGNATURE: Maria E Verdugo

SIGNATURE: Maria E Verdugo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Destruction of the corporation of the corporation of the receiver or trusted 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 og an attrachment with an address.

SIGNATURE: Maria E Verdugo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR