PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS									
DOCUN 1. Corporation	MENT #	J06021	(6)									
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Principal Place 2207 WILLOW CLEARWATER	WBROOK DR.	N	Mailing Address 2207 WILLOWBROOK CLEARWATER FL 340									
						3. 1	Date Incorporated o 04/01/1986	r Qualified		te of Last R 04/03/19		
2. Principal Place of Business 2a. 1 534 PINELLAS BAYWAY 26			a. Mailing Address  3474	•			FEI Number <b>59-2661321</b>			<b></b>	Applied For Not Applicabl	e
Suite, Apt. #	205	27	Suite, Apt. #, etc.			5. (	Certificate of Status			\$8.75	Additional Required	
City & State	ea VERN	) F F1_ 28	City & State			F F	Election Campaign F	•		\$5.0	O May Be	$\dashv$
327	Coun	ity	 Zip 1	<del></del>	ıntry	8.	This corporation has	liability for i			d to Fees 199.032,	$\dashv$
4 75 [		インパ  29 ress of Current Regi	stered Agent	30			Florida Statutes  Name and Addres		A√o egistered	Agent		$\exists$
FLEECE.	, JOSEPH W. III				81 Name	JON	9. P	Rup	EN		-	
540 FOL	JRTH STREET NOF				82 Street	Address (P.C.	D. Box Number is No PINEUL	Acceptab AS	BAY	NAY 1	4205	
SIPEIE	ERSBURG FL 3370	1			83				<del></del>			
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			<b>3</b>	<del></del>	84 City	ERRN	VERDE		FL	- 85 Z	3715	
11. Pursuant to or registere familiar with	o the provisions of Sec ed agent, or born, in the	ctions 607 5502 and 60 ne State of Floring, Suc- grations of Section 60	07.1508, Florida Statut	tes, the abo	1 7	ERRA rporation sul board of dire	bmits this statement actors. I hereby acce	for the purept the appo	FL pose of chointment a	anging its registered	3715 egistered office agent. I am	ж ж
rai i iliiai Witi	s, and accept the oblic		W Statute	S.	ove-named co corporation's			for the purept the appo	FL pose of chointment a	anging its registered	egistered offici lagent. I am	же
FOITHING WILL	Signature, typed or printed nark	ctions 607 9502 and 60 as State of Florida. Suc gations 11, Section 607 projections agent and title a OFFICERS AND DIRE	f applicable. (No	S.	1 7	iquired when rein		4	pose of chointment a	nanging its r s registered		.
SIGNATURE _s	Signature, typed or printed name	or egistered agent and title fi	f applicable. (No	DIE: Registered	ove-named co corporation's Agent signature of	iquired when rein	stateig)	4	pose of chointment a	nanging its r s registered		.
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