

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J07291 (4)
 1. Corporation Name
2010, INC.



Principal Place of Business 5811 MEMORIAL HWY STE 202 TAMPA FL 33615 US	Mailing Address 5811 MEMORIAL HWY STE 202 TAMPA FL 33615 US
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date incorporated or Qualified 04/02/1986	3a. Date of Last Report 08/07/1995
4. FEI Number 59-2959730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TRUESDALE, RICHARD S.
5811 MEMORIAL HWY.
SUITE 202
TAMPA FL 33615**

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 607.1508, 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 (typed or printed name of signatory) (if not applicable) _____ (Typed Name of Registered Agent signatory, if required when filing statement) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TRUESDALE, RICHARD S 3575 BENNINGTON FT MYERS FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
85. TITLE 86. NAME 87. STREET ADDRESS 88. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Richard S. Truesdale* **5/30/96** (330) 922-4931
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Richard S. Truesdale
 President

CR2E034 (12/95)