SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

SIGNATURE:

Jul 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # J15650 (1)TIMOTHY LIGUORI & ASSOCIATES, INC. FLETCHERMailing Address Principal Place of Business SHO HUNDY RD. 1205 WEST P.O. BOX 280057 TAMPA FL 33682 Swite A DO NOT WRITE IN THIS SPACE TAMPA, F1. 3. Date incorporated or Qualified 3a. Date of Last Report 33612 05/19/1986 02/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2688726 Not Applicable 1705 WEST Fletch 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired SuitE Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be TAMPA Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible US A Personal Property Tax due June 30. Yes 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WISE, ROBERT S. 3418 HANDY RD. Street Address (P.O. Box Number is Not Acceptable) STE. #204 1205 FLETCHEN Masy TAMPA FL 33610 Zip Code 33612 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 Signalure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE Change 1.1 TITLE LIGUORI, TIMOTHY NAME 1.2 NAME 6811 ROSEMARY DR. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY - ST - 7IP 1.4 City-ST-ZiP DELETE TITLE 21 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITE F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report of 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 occiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or or an attrictment with an address.

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