FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Apr 14 1997 8:00am

	AL REPORT Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
DOCUN 1. Corporation R C PLA	MENT # J235 za, inc.	552 (9)		FIRSHIE DIE THEO FIGE SIES DINE SIE	siğli siğ li siğli şiğli şirk siga igri
Principal Place of Business		Malling Address		i idalith film natt indi auti ann iit.	Aidis Villi fillis bibis Affic piffer inge
29656 US 19 N #100		#100			
CLEARWATER FL 34621 US		CLEARWATER FL 34621-15 US			3a. Date of Last Report 05/31/1996
	acc of Business	28. Mailing Address	7-	07/10/1986 4. FEI Number	Applied For
Suite, Apt	#, etc	26 6 /09 Kick Suite, Apt. #, etc.	e Toad	59-2691924	Not Applicable \$8.75 Additional
22		27 SLITE 200		5. Certificate of Status Desired	Fee Required
City & Stale		City & State 28 FORT Ku	hey Th	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	^{Zip} 34668	30 Country USA	This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032, Yes No
	9, Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
HUDSON, JOHN E. 6709 RIDGE RD. SUITE 200 PORT RICHEY FL 33568				ress (P.O. Box Number is Not Acceptab	ola)
			84 City		FL 85 Zip Code
SIGNATURE	to the provisions of Sections 6 egistered agent, or both, in the refamiliar with, and accept the Signature, which or printed name of regis		es, the above-named corporal parthorized by the corporal prida Statutes. E. Registered Agent signature requires	poration submits this statement for the pation's board of directors. I hereby acceptions when reinstains	Aurpose of changing its registered of the appointment as registered
12,		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP HUDGON JOHN E	() DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUDSON, JOHN E. 6709 RIDGE RD. #200		12 NAME		Į
STREET ADDRESS CHY-S1-ZIP	PORT RICHEY FL		1.3 STREET ADDRESS 1.4 City-St-Zip		֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֓
INLE	DVP	☐ DELETE	2.1 TITLE		Change Addition
NAME	MINIERI, CARL		2.2 NAME		
STREET ADDRESS	29656 US 19 N, #100		2 3 STREET ADDRESS		
CITY - ST - 7IP	CLEARWATER FL	T prietr	2.4 CITY-ST-ZIP		T form
TITLE NAME		DÉLETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADORESS			3.3 STREET ADDRESS		
City -SI - 7iP			3.4. CITY-ST-ZIP		
TITLE	# FF 7	☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4.2 NAME		ł
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIF		DELETE	4.4 CITY-ST-ZIP		Charge Marking
TITLE NAME		☐ DELETE	5.1 YITLE 52 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		}
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP	11- 0 440 07/000 51-11-51	
14. i do neret informatio	by deruty that the information s in indicated on this annual rep	supplied with this filing does not quali ort or supplemental annual report is t	rue and accurate and that	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I turiner certify that the il 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, of on an attachment with an address.