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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: (/

1. Corporation	MENT n Name SUBS, IN(	# <b>J8113</b> c.	<b>37</b>	(8)					<b>1</b> 184 1184 1184 1186
Principa: Place	of Business			Mailing Address					
% THOMAS R. CLASEN 10049 E ADAMO DR TAMPA FL 33619 US			% THOMAS R. CLASEN 2604 W WATERS AVE TAMPA FL 33614 US			Date Incorporated or Qualified			
6 Dringing D	see of D						07/01/1987	04/20	/1995
<b>2.</b> Principal Pu 21	ace of Busines	\$\$	26	ta, Maiting Address ∐			4. FEI Number 59-2817234		Applied For
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.		M	5. Certificate of Status Desired	□ <b>\$</b>	Not Applicable  8.75 Additional Fee Required
City & State	9		28	City & State			Election Campaign Financing     Trust Fund Contribution		55.00 May Be Added to Fees
Zip <b>24</b>		Country 25	29	Zip	Countr 30	у	8. This corporation has liability for i	wax	
	9, Name a	and Address of Curr	ent Reg	istered Agent		1 51	10. Name and Address of New R	legistered Ager	nt .
CLASEN, THOMAS R. % C.M.S. INC. 2604 W WATERS AVE TAMPA FL 33614				81 Name 82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
					84			Fi 85	Zip Code
<ol><li>Pursuant t</li></ol>	to the provisio	ns of Sections 607.05	02 and 6	07.1508, Florida Status	tes, the above-	named coruo	ration submits this statement for the pur	pose of changing	its registered office
SIGNATURE _	· i, a io aoceji	t the obligations of, oc	CHOIL CC	r.000, rionda Statute:	5.		oration submits this statement for the pur and of directors. I hereby accept the appoint		tered agent. I am
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 17-35-96 (SID) 931-4397