

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:27

DOCUMENT # **J97000** (0)

1. Corporation Name
LATTITUDE'S, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% STEVEN L. HOMBURG
700 GULFVIEW BLVD SOUTH
CLEARWATER FL 34630

3. Date Incorporated or Qualified **10/12/1987** 3a. Date of Last Report **03/03/1994**

2. Principal Place of Business 2a. Mailing Address
21 **431 Mandalay Ave** 26 **431 Mandalay Ave**

4. FEI Number **59-2850950** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
23 **Clearwater Bch FL** 28 **Clearwater Bch FL**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
24 **34630** 25 **34630** 29 **34630** 30 **34630**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HOMBURG, STEVEN L.
700 GULFVIEW BLVD SOUTH
CLEARWATER FL 34630

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
431 Mandalay Avenue
83
84 City **Clearwater Beach FL** 85 Zip Code **34630**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMBURG, STEVEN L.	1.2 NAME	
STREET ADDRESS	700 GULFVIEW BLVD S	1.3 STREET ADDRESS	431 Mandalay Ave
CITY, ST, ZIP	CLEARWATER FL	1.4 CITY, ST, ZIP	Clearwater Beach FL 34630
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMBURG, PATRICIA	2.2 NAME	
STREET ADDRESS	700 GULFVIEW BLVD S	2.3 STREET ADDRESS	431 Mandalay Ave
CITY, ST, ZIP	CLEARWATER FL	2.4 CITY, ST, ZIP	Clearwater Beach FL 34630
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: _____ DATE: **5-27-95** (b)(1)(b) (b)(1)(c)