

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J97000** (0)

1. Corporation Name
LATITUDE'S, INC.



Principal Place of Business: **431 MANDALAY AVE, 760 GULFVIEW BLVD SOUTH, CLEARWATER FL 34630 US**
Mailing Address: **1357 DUNCAN, 431 MANDALAY AVE, 760 GULFVIEW BLVD SOUTH, CLEARWATER FL 34630 US**

3. Date Incorporated or Qualified: **10/12/1987**
3a. Date of Last Report: **05/31/1995**
4. FEI Number: **59-2850950**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1357 Duncan Ave S**
2a. Mailing Address: **26 1357 Duncan Ave S**
22. City & State: **23 Clearwater FL 34616**
27. City & State: **28 Clearwater FL**
24. Zip: **25 34616** Country: **29 USA**
30. Zip: **30 34616** Country: **30 USA**

9. Name and Address of Current Registered Agent:
HOMBURG, STEVEN L.
431 MANDALAY AVE
CLEARWATER BEACH FL 34630
1357 DUNCAN AVE
CLEARWATER FL
34616

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **1357 Duncan Ave S**
83:
84 City: **Clearwater** FL 85 Zip Code: **34616**

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	<input type="checkbox"/>
NAME	HOMBURG, STEVEN L.	
STREET ADDRESS	431 MANDALAY AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	ST	<input type="checkbox"/>
NAME	HOMBURG, PATRICIA	
STREET ADDRESS	431 MANDALAY AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	1357 Duncan Ave S		
1.3 STREET ADDRESS	Clearwater FL 34616		
1.4 CITY-ST-ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	1357 Duncan Ave S		
2.3 STREET ADDRESS	Clearwater FL 34616		
2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: _____ Res. April 1, 1996 813 411-6204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (12/95)