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

PROFIT CORPORATION ANNUAL FIEPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

(0)

1. Corporation Name

LILTIMATE DECELLETS INC.

rincipal Place of	Business	Mailing Address						
4893 W. WATER	S AVE	4893 W. WATERS AVE						
SUITE D		SUITE D TAMPA FL 33634						
TAMPA FL 33634 US		US		3. Date incorporated or Qualified	3a. Date	Date of Last Report 04/27/1995		
••					11/18/1987 4. FEI Number		<del></del>	pplied For
Principal Plac	e of Business	2a. Mailing Address			59-2856695			ot Applicable
		Suite, Apt. #, etc					\$8.75	Additional
Suite, Apt. #.	etc.	27			5. Certificate of Status Desired		Fee R	equired
City & State		City & State			6. Election Campaign Financing			May Be
]		28	<del></del>		Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	ntry	8. This corporation has liability for Florida Statutes  Yes	intangible ta L No	ex under s	199.032,
	25	[29]	[30]		10. Name and Address of New I		Agent	
	9. Name and Address of Current	Hegistered Agent		81 Name	10			
LLACTICV	MADY DECIMA				(B.O. Pay Number is Not Accepta	hie)		
HARTLEY, MARY REGINA 4893 D W. WATERS AVE.				82 Street Addre	ddress (P.O. Box Number is Not Acceptable)			
SUITE D	. WAIENG AVE.		Ī	83				
TAMPA FI	33634		}	84 City			85 Zır	Code
			ļ	- '	ration submits this statement for the pured of directors. Thereby accept the app	FL		
familiar with SGNATURE	the provisions of Sections 607,0502 dagent, or both, in the State of Floric I, and accept the obligations of Sections of Section 1998 the Common of Section 1998 the Secti	M. Regina	Han III. Registered	atlen .	orasident	المارس DATE	184	BS IN 12
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centry that the information indicated on this anitual report of supplies that a animal country, that I am an officer or director of the corporation or the receiver or trustee entry appears in Block 12 or Block 13 if changed, or on an attachment with an address.

M. Augus Hortly M. Reging Harelley 5/31/96 881-1575
SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR