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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K1 0367 ARGUS OF FLORIDA, INC. Principal Place of funces #317 SQUTIPARK OR P.D. 80X 27114 TAMPA FL 33888-9174 2. Principal Place of Eurines 3. Data Incorporated or Cualified O2/15/1996 4. FEI Number Separation O2/15/1996 4. FEI Number Separation O2/15/1996 5. Certificate of Status Desired Fee Required O2/15/1996 7. Description O2/15/1996 7. Description O2/15/1996 7. Description O2/15/1996 O2		1997		Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
Applied Formation Appl				(6)								
4317 SOUTHPARK DR P.O. BOX 271174 TAMPA R. 33688-8174 38. Date of Last Report TAMPA R. 33688-8174 3. Date incorporated or Qualified 3a. Date of Last Report 01/04/1988 02/15/1996 02/15	Dringing! Dive	e of Duning on	Made	ua Addroos				-				
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2. Principal Place of Business 2a. Mailing Address 59-2870607 Not Applicable Suite, Apt. #, etc. Sui									ed or Qualified	1		eport
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Zip	City & Stat	ė	0	ity & State				· ·				7 1
WATERS, JOHN 4317 SOUTHPARK DR. TAMPA FL 33624 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 am familiar laming with, and accept the on-gations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PST		Count	'y Z	rp	Coun	try		8. This corporation				. 199.032,
WATERS, JOHN 4317 SOUTHPARK DR. TAMPA FL 33624 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 a with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature (Special product name (English of April 2) as the dapper store (ROTE Registered Apoil signature required when reinstating) 12. OFFICERS AND DIRECTORS IN 12 THE PST	24				30							
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83 84 City FL 85 Zip Code	4317	SOUTHPARK DR.				B2 5	Street Addr	ress (P.O. Box Number	is Not Acceptat	ole)		
T1. Pursuant to the provisions of Sections 697.0502 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, isoedial product frame of region of type. Section 607.0505, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THEE PST DELETE 11 TIFLE Change Addition NAME WATERS, JOHN SIREET ADDRESS CITY-ST-2IP TAMPA FL 14 CITY-ST-2IP THEE D DELETE 21 TIFLE 14 CITY-ST-2IP TAMPA FL 12 NAME SIREET ADDRESS CITY-ST-2IP TAMPA FL 22 NAME SIREET ADDRESS CITY-ST-2IP TAMPA FL 23 STREET ADDRESS CITY-ST-2IP TAMPA FL 24 CITY-ST-2IP TAMPA FL 24 CITY-ST-2IP TAMPA FL 25 TAMPA FL 26 CITY-ST-2IP TAMPA FL 26 CITY-ST-2IP TAMPA FL 27 TAMPA FL 28 STREET ADDRESS CITY-ST-2IP TAMPA FL 29 STREET ADDRESS CITY-ST-2IP TAMPA FL 20 CITY-ST-2IP TAMPA FL 21 CITY-ST-2IP TAMPA FL 24 CITY-ST-2IP	TAM	PA FL 33624			ļ,	A3						
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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 14 1997 8:00am