## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION  JAL REPORT  1006	Secretar Secretar	Mortham  y of State  CORPORATIONS		
DOCUI	1996 MENT # K4305	. 12			
ASSURI	ED SUPPORT ASSOCIATE	(-)	C.	A INDIANA DA AKANA AMA NAKAN EKAN	idir Angil Bigir Bigir Bigir Angil Bigir Bigir 120:
Principal Piace	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
3001 N. ROCK SUITE 100 TAMPA FL 330	Y POINT RD. EAST	19235 HWY 41 N. STE 105 LUTZ FL 33549-7205 US		3. Date Incorporated or Qualified	·
<del></del>	ace of Business	2a. Mai'ing Address		4. FEI Number	03/21/1995 Applied For
Surte, Apt	# atc	26		59-2917207	Not Applicable
22	n. Ott.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Ζφ	Country	Zφ	Country	8. This corporation has liability fo	Added to Fees
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
KUTT EDWARD C.					
	35 HWY 41 N		82 Street Add	fress (P.O. Box Number is Not Accepta	thle)
	: 105 Z FL 33549		83		
LOI	Z FL 33348		84 City		lac 7C-d-
					FL 85 Zip Code
11. Pursuant to office or re	to the provisions of Sentions 607 056 agistered agent, or both, in the State	92 and 607-1508, Florida Statute Fof Florida, Such change was all	s, the above-named corp ithorized by the corporal	poration submits this statement for the join's board of directors. Thereby acception	ourpose of changing its registered
	m familiar with, and accept the oblig	jations of, Section 607.0505. Flor	ida Statutes	the bound of the balls of thorough disease,	or a copporation to registered
SIGNATURE	Styrature typestor protect come or registered a p	iero ar distre it applicate is 1901£	Frigistered Agent signalizera in ju	med when our clater in	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	DELETE	1 TILLE		Change Addition
NAME	Kutt, Edward C.		1 2 NAME		
STREET ADORESS	19235 HWY 41 N STE 105		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LUTZ FL	DELETE	14 City - ST ZiP		
NAME			2 1 TITLE 2 2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY - S1 - ZIF		
TITLE		DELETE	3 1 TOTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DC: EXE	34 City St-ZiP		
TITLE		DELETE	4 1 7171.6		Change Addition
NAME STREET ADDRESS			4 2 NAME		
GIFY - SF - ZIP			4.3 STREET ADDRESS 4.4 CHY - ST - Z.P		
TITLE		DELETE	5.1 TiTLE		Change Addition
NAME		<del></del>	5.2 NAME		- 4
STREET ADDRESS			5.3 STREET ADOPESS		
CITY-ST-ZIP			5.4 C(1) Y - \$1 - Z(P		
TIFLE		DELETE	6111116	7 / 0 1 - 0 1 - 0 1	Change Addition
LANC.					

6.4 CITY ST-20P 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 regar effect as if made under oath, that I arr an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1996 813-948-1539