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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

101

City & State  Country  Zip  Country  As This corporation has liability for intrangible tax une Florida Statutes  Yes   No  No  Registered Agent  Norme  CHMIELEWSKI, MARK  101 BAY POINT DR., N.E.  ST. PETERSBURG FL 33704  B3  City  FL  85  Street Address (P.O. Box Number is Not Acceptable)  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 or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regist familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature board or period name of registered agent and title if applicable.  In Title  PD  DELETE  1. TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TA41 S. HICKORY GATE DR.  13. STREET ADDRESS	411 B1821 B1811 B1811 1881
NEW PORT RICHEY FL 34652 US  3. Data incorporated or Qualified 01/18/1989 3. Data incorporated or Qualified 01/18/1989 05/0 2. Principal Place of Business 2a. Mailing Address 2b. Again, 4ct. 2c Suite, Apt. #, etc. 2c Suite, Apt. #, etc. 2d Suite, Apt.	
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. EL Number 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Coty & State 3. Country 4. EL Octor Compaign Financing 4. Figure 1 for Country 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Compaign Financing 7. Insist corporation has liability for intengible tax units for the purpose of Lawring in Status 1. Name 6. Discorporation has liability for intengible tax units for the purpose of Country 7. Perfect Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Name 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address (P.O. Rox Number is Not Acceptable) 8. Street Address of Reversion of Company	
2. Principal Place of Business	•
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Applied For
27   City & State   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Registered Agent   City & Statutes   City & Stat	Not Applicable
City & State  28  Zip  Country  Zip  Country  Zip  Country  Zip  Signature  CHMIELEWSKI, MARK  101 BAY POINT DR., N.E.  ST. PETERSBURG FL 33704  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 or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  TILE  PD  Clity & State  Country  Ba, This corporation has liability for intangible tax units florid as faither and accept the appointment as registered Agent  10. Name and Address of New Registered Agent  11. Name  Bat City  FL  Bat City  F	8.75 Additional Fee Required
Zip Country Zip Country Zip Country 2 Sp Country 2 Sp Country 8. This corporation has liability for intangible tax units florida Statutes 7 Yes No.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name  CHMIELEWSKI, MARK 101 BAY POINT DR., N.E. ST. PETERSBURG FL 33704  81 Name  CHMIELEWSKI, MARK 62 Street Address (P.O. Box Number is Not Acceptable)  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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registantial with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature board or preted name of registered agent and title if a placable (NOTE Registered Agent segret agent se	5.00 May Be
25 29 30 Florida Statutes Yes No. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  CHMIELEWSKI, MARK 101 BAY POINT DR., N.E. ST. PETERSBURG FL 33704  84 City  FL  85  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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature board or preted name of registered agent and life if a published. [NOTE: Registered Agent Signature regined when transcript]  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. 1 TITLE  PD  VERVOORT, PAUL H.  12. NAME  VERVOORT, PAUL H.  13. STREET ADDRESS  1741 S. HICKORY GATE DR.  13. STREET ADDRESS	Added to Fees
9. Name and Address of Current Registered Agent  CHMIELEWSKI, MARK 101 BAY POINT DR., N.E. ST. PETERSBURG FL 33704  83  14 City  FL  85  15 City  FL  86  16 Name  17 City  FL  87  18 City  FL  88  18 City  FL  88  18 City  FL  88  19 Street Address (P.O. Box Number is Not Acceptable)  19 Street Address (P.O. Box Number is Not Acceptable)  10 Street Address (P.O. Box Number is Not Acceptable)  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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature based or preted name of registered agent and title if applicable  NOTE Registered Agent signal acceptable agent and title if applicable  NOTE Registered Agent signal acceptable application of the purpose of changing or registered agent accept the appointment as registered agent with a company of the registered agent and title if applicable.  12 NOTE Registered Agent signal acceptable application of the purpose of changing or registered agent accept the appointment as registered agent and title if applicable.  19 DATE  10 DELETE  10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12 NAME  13 STREET ADDRESS  13 STREET ADDRESS	der s. 199.032,
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SIGNATURE Signature typeed or preted name of registered agent and little if applicable.  NOTE: Registered agent with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature typeed or preted name of registered agent and little if applicable.  NOTE: Registered agent agent agent agent agent and little if applicable.  NOTE: Registered agent agen	Zip Code
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STREET ADDRESS 6.3 STREET ADDRESS	ange
CITY-S1-7IP 64 CITY-S1-7IP  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 S	ange 🗌 Addition

certing that the information indicated on this amplied 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 offector of the comporation or the receiver or trusted 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 OF TEER OR DIRECTOR

3/21/96 813-846-8555