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 # 1. Corporation Name K86566

(2)

MEROS, SMITH & OLNEY, P.A.

Principal Place of Business Mailing Address					I LOBATERAN OUN LONIA DII DI BLITTO MARIN	BILL BERKI BYRKE BYRK B	JULI BUEFL DIAKE EAUL	
	I STREET NORTH URG FL 33701-1117	1301 FOURTH STREET St. Petersburg FL 3						
					3. Date Incorporated or Qualified 06/01/1989	3a. Date of Las 05/01/1		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-1458887	Not Applicable		
22	r, etc.	27			5. Certificate of Status Desired	1 1 7 .	75 Additional ee Required	
City & State		City & State			6. Election Campaign Financing	\$5	.00 May Be	
23		28	·		Trust Fund Contribution		ded to Fees	
Zip Country 25		Zip Country			8. This corporation has liability for in	"	s 199.032,	
24]	g. Name and Address of Current	29 t Registered Agent	 30		Florida Statutes Yes 10. Name and Address of New Re	No Palstered Agent		4
				81 Name		-gioto-ou Agont		1
	PETER N.		}	82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)		-
	URTH STREET NORTH				(Cost			
ST. PETE	ERSBURG FL 33701			83				
			ļ	84 City		FL 85	Zip Code	
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	/e-named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	nose of changing it	ts registered office	1
familiar witi	h, and accept the obligations of, Section	on 607.0505, Florida Statutes.	en by the c	orporation's boa	rd of directors. Thereby accept the appo	intment as registe	red agent. I am	ļ
SIGNATURE			z					
12.	Signature, lyned or printed name of registered agent a OFFICERS AND	·····	OTE: Registered Agent signature required 13.		ad when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	TORS IN 12	33
TITLE	DP	DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OTT	CERS AND DIREC		CR2E034 (12/95)
NAME	MEROS, PETER N.		1,2 NA	ME				4
STREET ADDRESS	2785 HERON PLACE		1.3 STREET ADDRESS					
CITY-S1-ZIP	CLEARWATER FL		1.4 City - \$T - ZiP					12
TITLE	DVT	DELETE	2 1 TITLE			Chang	ge 🔲 Addition	ျပ
NAME SMITH, WALTER E. STREET ADDRESS 10216 TARPON DR.				ME				
STREĘT ADDRESS	ST. PETERSBURG FL		2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	DS	[] DELFTE	2 4 CITY-ST-ZIP 3 1 TILLE			☐ Chang	e 🔲 Addition	-
NAME	OLNEY, GREGORY L., II		3.2 NAME				[a [_] Floorison	
STREET ADDRESS	14479 SANDPIPER CIRCLE			REET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		3 4 CI1	Y - \$1 - 21P		-,		
TITLE		DELETE	4, 1 T(TLE		30000182 -05/14/96010		ge 🔲 Addition	1
NAME			4.2 NA		***200.00	05026	-	
STREET ADDRESS				REET ADORESS	*****£00.00			
CITY-S1-ZIP TITLE		DELETE	4.4 CIT 5. 1 TIT	Y-ST-ZIP		[7] Chanc	o [7] Addition	-
NAME		beace	5.1 NA			L'1 cuant	ge 🔲 Addition	
STREET ADDRESS			ľ	REET ADDRESS	<i>>></i>			
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		□ DELETE	6 1 TITLE			☐ Chang	e 🔲 Addition	1
NAME			6.2 NAME		$\langle \cdot \rangle$			
STREET ADDRESS			6.3 S16	REET ADDRESS	•)			
CITY-ST-ZIP	anna Madhad dha tafa	Call 11 (1 20) . 7.		Y-ST-ZIP]
certify that oath; that I	the information indicated on this aring	al report or supplemental annuation or the receiver or trustee	ual report is eninower	true and accura	or the exemption stated in Section 119.0 ate and that my signature shall have the is report as required by Chapter 607, Flo	e tooffa lenot arres	e if made under	
SIGNAT	URE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	OR	Dave	Daytinie Pho	one #	