## 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

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Corporation Name

DOCUMENT # L00593

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Principal Plac						-				
	ce of Business	Mailing Address								
2611 BAYSH	HORE BLVD	2611 BAYSHORE BLVD	D							
1807 TAMPA FL 3	33629-7343	1807 Tampa FL 33629-7343	1							
US	,	US	•			<ol> <li>Date Incorporated or Qualified 07/03/1989</li> </ol>		of Last R	•	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26	<del> </del>		····	59-2958301	····		Not Applicable	
Suite, Ap [ <b>22</b> ]		Suite, Apt. #, etc.				5. Certificate of Status Desired				
Oity & Sta		City & State				Election Campaign Financing     Trust Fund Contribution		Adde	May Be d to Fees	
Zip ====================================	Country	Ziρ	h	untry		8. This corporation has liability for in	•	x under s	199.032,	
24	9. Name and Address of Curre	29 Agent	30	1		Florida Statutes Yes  10. Name and Address of New Re		Acont		
	g, Italie and Address of Corre	ant neglistered Agent		81	Name	10, Harrie and Address of New Hi	gistered	r Gont		
DEVAN	IVEEDIT V ID									
	i, Joseph G Jr. 1240, Barnett Plaza			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
	IZ4U, BARNETT PLAZA IST KENNEDY BLVD.			83		· · · · · · · · · · · · · · · · · · ·				
	FL 33602							T 1:=		
1, 2,,,,,,,,				84	City		FL	85   Zi	p Code	
SIGNATURE	Joseph G. He Signarum typed of printed name of registered agri			od Ager	nt signature required	d of directors. I hereby accept the appointmental of the control o	1/14	196		
li uf	D	☐ DELETE	1. 1	TITLE			[	Change	☐ Addition	
NAME	DRESSLER, EDITH N.		121	NAME						
STREET ADDRES		7	135	STREET	ADDRESS					
CHY-ST-ZIP	TAMPA FL	~	140	CITY - S	ST - ZIP					
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in roo makey certify that the information sequence with this limits is wice taking to the exemption stated in Section 119.0/(s)rk), 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 of 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 13.1f changed, or on an atjachment with an address.

SIGNATURE:

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96 813.251.6497

R2E034 (12/95)