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

DOCU 1. Corporation	ME:NT	# L147	87	(0)		-			
LAW OFFICES OF CARITA M. WELLS, P.A.									
Principal Place	e of Business			Mailing Address	·····				
% CARITA M. WELLS 1435 W. BUSCH BLVD SUITE A TAMPA FL 33612				% CARITA M. WELLS 1435 W. BUSCH BLVD SUITE A TAMPA FL 33612			Date Incorporated or Qualified		
. 6: : :6		· · · · · · · · · · · · · · · · · · ·					09/08/1989	04/20/1	
z. Principal P I	Principal Place of Business			2a. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEt Number		Applied For
Suite, Apt. #, etc			201				59-2968904		Not Applicable 8.75 Additional
			27				5. Certificate of Status Desired		Fee Required
City & State	e		28	City & State			6. Election Campaign Financing		00 May Be
Z _i p		Country		Zıçı	Cor	untry	Trust Fund Contribution 8. This corporation has liability for	A0K	ded to Fees
		25	29		30			intangible tax under s	s 199.032,
	9. Name a	and Address of Cur	rrent Regis	stered Agent		04 11	10. Name and Address of New I	Registered Agent	
WELLS	CADITA M					81 Name			
WELLS, CARITA M. 1435 W. BUSCH BLVD.						82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)	
SUITE A						63			
Tampa i	FL 33612					84 City			
						84 City			Zip Code
Pursuant to or register	to the provision	ns of Sections 607.05	502 and 60	7.1508, Florida Statut	les, the abo	ve-named corpo	pration submits this statement for the pu		registered offic
familiar wi _ GNATURE	ith, and accept	ns of Sections 607.09 oth, in the State of F the obligations of, S pointed name of registered a	ection 607.	.0505, Florida Statutes	3.	Dive-named corporation's bos	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing its pointment as registere	s registered offic ed agent. I am
familiar wi	th, and accept	the obligations of, S	Section 607.	.0505, Florida Statules applicable. (NC CTORS	S. TE: Registered 13.	d Agent signature require	ard or directors. Friereby accept the app	rpose of changing its pointment as registered	ed agent. I am
familiar wi IGNATURE _ 2.	Signaturs, typed or	the obligations of, S pointed name of regis ered a. OFFICIERS	Section 607.	.0505, Florida Statutes	DTE: Registered	d Agent signature require	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered	ORS IN 12
familiar wi GNATURE _ 2. UF	Signaturs, typed or DPV WELLS, C	printed name of regis ared a OFFICIERS	Section 607.	.0505, Florida Statules applicable. (NC CTORS	DTE: Registered 13. 1.1 T	J Agent signature require	and of unrectors, it nereby accept the app	rpose of changing its cointment as registere DATE ICERS AND DIRECT	ORS IN 12
familiar wi GNATURE _ 2. LE ME ME	Signaturs, typed or DPV WELLS, C	the obligations of, S ponted name of regis eret a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	.0505, Florida Statules applicable. (NC CTORS	DTE: Registered 13. 1.11 1.2 N. 1.3 S	d Agent signature require	and of unrectors, it nereby accept the app	rpose of changing its cointment as registere DATE ICERS AND DIRECT	ORS IN 12
familiar wi GNATURE _ 2. LE ME ME HELT ADDRESS Y-ST-ZIP	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis eret a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	.0505, Florida Statules applicable. (NC CTORS	DTE: Registered 13. 1.11 1.2 N. 1.3 S	I Agent signature require ITLE AME TREET ADDRESS ITY-ST-ZIP	and of unrectors, it nereby accept the app	rpose of changing its cointment as registere DATE ICERS AND DIRECT	ORS IN 12
familiar wi GNATURE _ 2. LE ME ME HEET ADDRESS Y-ST-ZIP LE ME	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis eret a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	.0505, Florida Statutes epplicable (NC DTORS	DTE: Registerac 13. 1.1 T 1.2 N 1.3 S 1.4 C	ITLE AME TREET ADDRESS ITY - ST - ZIP ITLE	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered batte. DATE ICERS AND DIRECT Change	ORS IN 12
familiar wi GNATURE _ 2. LE ME HELI ADDRESS LY-ST-ZIP LE ME REET ADDRESS	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	.0505, Florida Statutes epplicable (NC DTORS	TE: Registerac 13. 1.11 1.2 N. 1.4 Cl 2.1 T. 2.2 N. 2.3 SI	I Agent signature require ITLE AME TREET ADDRESS ITLE AME TREET ADDRESS	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered batte. DATE ICERS AND DIRECT Change	ORS IN 12
familiar wit GNATURE _ 2. LE ME ME HELL ADDRESS Y-ST-ZIP LE ME ME KEET ADDRESS Y-ST-ZIP	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	.0505, Florida Statutes erchicabe. (NC CTORS DELETE	TE: Pegisterac 13. 1.17 1.2 N. 1.4 Cl 2.17 2.2 N. 2.3 Sl 2.4 Cl	11 Agent signature require TITLE AAME TITLE ST. ZIP TITLE AAME TREET ADDRESS TY-ST-ZIP	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered DATE TICERS AND DIRECT Change	ORS IN 12 Maddition
familiar wi GNATURE _ 2. LE ME HEET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	.0505, Florida Statutes epplicable (NC DTORS	TE: Registerac 13. 1.11 1.2 N. 1.4 Cl 2.1 T. 2.2 N. 2.3 SI	ITLE AME ITY-ST-ZIP ITLE AME ITY-ST-ZIP ITLE ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITH	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered batte. DATE ICERS AND DIRECT Change	ORS IN 12 Addition
familiar wi GNATURE _ 2. LE ME MEET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	.0505, Florida Statutes erchicabe. (NC CTORS DELETE	TE Registerac 13. 1.1 T 1.2 N 1.3 S 1.4 C 2 1 T 2 2 N 2 3 ST 2 4 C 3.1 T 3.2 N	ITLE AME ITY-ST-ZIP ITLE AME ITY-ST-ZIP ITLE ITHE ITHE ITHE ITHE ITHE ITHE ITHE ITH	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered DATE TICERS AND DIRECT Change	ORS IN 12 ORS IN 12 Addition
familiar wit GNATURE _ E. LE ME	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	DELETE	TE: Registerac 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N/ 3.3 S	J Agent signature require ITLE AME ITV-ST-ZIP ITLE AME ITV-ST-ZIP ITLE AME ITY-ST-ZIP ITLE AME ITY-ST-ZIP ITLE AME ITY-ST-ZIP	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered DATE TICERS AND DIRECT Change	ORS IN 12 ORS IN 12 Addition
familiar wit GNATURE _ 2. RE ME REET ADDRESS Y-S1-ZIP LE ME REET ADDRESS Y-S1-ZIP LE REET ADDRESS Y-S1-ZIP LE REET ADDRESS	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	.0505, Florida Statutes erchicabe. (NC CTORS DELETE	TE: Registerac 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N/ 3.3 S	I Agent signeture require ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP TREET ADDRESS	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered DATE TICERS AND DIRECT Change	ORS IN 12 Addition
familiar wit GNATURE _ 2. LE ME HEET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS HE	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	DELETE	TE: Registered 13. 1.1T 1.2 N. 1.3 S 1.4 CI 2 1T 22 N. 23 S1 24 CI 3.1 T 3.2 N. 3.3 S 4.1 TI 4.2 N.6	I Agent signature require ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITHEET ADDRESS ITY-ST-ZIP ITLE ITHEET ITLE I	and of unrectors, it nereby accept the app	rpose of changing its cointment as registered DATE TICERS AND DIRECT Change Change	ORS IN 12 Addition
familiar wit GNATURE _ 2. LE ME	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	DELETE	DTE: Registered 13. 1.1T 1.2 N. 1.3 S 1.4 CI 2 1T 2 2 N. 2 3 SI 2 4 CI 3.1 T 3.2 N. 4.1 TI 4.2 N. 4.3 ST	J Agent signature require ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME TREET ADDRESS TY-ST-ZIP ITLE AAME TREET ADDRESS TY-ST-ZIP ITLE AAME TREET ADDRESS	and of unrectors, it nereby accept the app	rpose of changing its cointment as registered DATE TICERS AND DIRECT Change Change	ORS IN 12 Addition
familiar wit GNATURE _ LE ME	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	DELETE	3. STE: Registered 13. 1.1T 1.2 N. 1.3 S 1.4 CI 2 1T 22 N. 2 3 S1 2 4 CI 3.1 T 3.2 N. 3.3 S 3.4 CI 4.1 TI 4.2 N. 4.3 ST 4.4 CI	I Agent signature require ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AME REET ADDRESS ITY-ST-ZIP	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered DATE ICERS AND DIRECT Change Change	ORS IN 12 Addition Addition
familiar wit GNATURE _ LE ME	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	DELETE DELETE DELETE	DTE: Registered 13. 1.1T 1.2 N. 1.3 S 1.4 CI 2 1T 2 2 N. 2 3 SI 2 4 CI 3.1 T 3.2 N. 4.1 TI 4.2 N. 4.3 ST	J Agent signature require ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AMME TREET ADDRESS ITY-ST-ZIP ITLE AMME TREET ADDRESS ITY-ST-ZIP ITLE AMME REET ADDRESS ITY-ST-ZIP ITLE ITTLE	and of unrectors, it nereby accept the app	rpose of changing its cointment as registered DATE TICERS AND DIRECT Change Change	ORS IN 12 Addition
familiar wit GNATURE _ 2. LE ME ME HEET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis ered a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	DELETE DELETE DELETE	3. DTE: Registered 13. 1.1T 1.2 N. 1.3 S 1.4 CI 2 1T 2 2 N. 2 3 SI 2 4 CI 3.1 T 3.2 N. 3.3 S 3.4 CI 4.1 TI 4.2 N. 4.3 ST 4.4 CI 5.1 TI 5.2 N.	J Agent signature require ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AAME TREET ADDRESS ITY-ST-ZIP ITLE AMME TREET ADDRESS ITY-ST-ZIP ITLE AMME TREET ADDRESS ITY-ST-ZIP ITLE AMME REET ADDRESS ITY-ST-ZIP ITLE ITTLE	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered DATE ICERS AND DIRECT Change Change	ORS IN 12 Addition Addition
familiar wit GNATURE _ 2. LE ME ME HEEL ADDRESS Y-ST-ZIP LE ME REEL ADDRESS Y-ST-ZIP LE AE REEL ADDRESS	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis eret a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	DELETE DELETE DELETE DELETE	3. DTE: Registered 13. 1.1T 1.2 N. 1.3 S 1.4 CI 2 1T 2 2 N. 2 3 SI 2 4 CI 3.1 TI 4.2 N. 4.3 ST 4.4 CI 5.1 TI 52 N.A 53 ST	J Agant signature require ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME AME TREET ADDRESS ITY-ST-ZIP ITLE AME AME AME AME AME AME AME A	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered DATE ICERS AND DIRECT Change Change	ORS IN 12 Addition Addition
familiar wit GNATURE _ 2. LE ME ME HEEL ADDRESS Y-ST-ZIP LE ME ME REEL ADDRESS Y-ST-ZIP LE	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis eret a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	DELETE DELETE DELETE	3. DTE: Registered 13. 1.1T 1.2 N. 1.3 S 1.4 CI 2 1T 2 2 N. 2 3 SI 2 4 CI 3.1 TI 4.2 N. 4.3 ST 4.4 CI 5.1 TI 52 N.A 53 ST	J Agant signature require ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME REET ADDRESS ITY-ST-ZIP	and of unrectors, it nereby accept the app	rpose of changing its pointment as registered DATE ICERS AND DIRECT Change Change	ORS IN 12 Addition Addition
familiar wit IGNATURE _ 2. ILE MEET ADDRESS IY-SI-ZIP ILE	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis eret a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	DELETE DELETE DELETE DELETE	3. DTE: Registered 13. 1.1T 1.2 N. 1.3 S 1.4 CI 2 1T 2 2 N. 2 3 SI 2 4 CI 3.1 TI 4.2 N. 4.3 ST 4.4 CI 5.1 TI 52 N. 53 ST 54 CI 6.1 TI 6.2 N.	J Agant signature requirements of the signature requirement of the signatu	and of unrectors, it nereby accept the app	rpose of changing its cointment as registere DATE ICERS AND DIRECT Change Change Change	FORS IN 12 FORS IN 12 Addition Addition Addition
familiar wit IGNATURE _ 2. ILE ME HEET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	Signatura, typed or DPV WELLS, C 1435 W.B	the obligations of, S ponted name of regis eret a OFFICIERS. ARITA M. USCH BLVD.,STE	Section 607.	DELETE DELETE DELETE DELETE	3. DTE: Registered 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S1 2.4 C 3.1 T 3.2 N 4.3 S7 4.4 C 5.1 T 5.2 N 5.3 ST 5.4 C 6.1 T 6.2 N 6.3 ST	J Agant signature requirements of the signature requirements of th	and of unrectors, it nereby accept the app	rpose of changing its cointment as registere DATE ICERS AND DIRECT Change Change Change	ORS IN 12

SIGNATURE: BY. SIGNATURE AND TYPED

4/19/96 (813)935-8668.