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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	I 33518	

(6)

Principal Place of Business CAC: STEPHEN L: XUSSNER: THE TAMPA GITY CENTER. SUITE 2100— TAMPA FL 23602 2. Principal Place of Business 1. 405 N. Reo Street Suite, Apt. #, etc. 2. Suite 240 City & State 3. Tampa, FL Zip Country 4. 33609 25 USA 9. Name and Address of Current Registered Agent KUSSNER, STEPHEN L. ONE TAMPA CITY CENTER, SUITE 2100 TAMPA FL 33602 Mailing Address 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2c. Mailing Address 2d. P.O. Box 20112 Suite, Apt. #, etc. 2d. Suite,	d of directors. I hereby accept the appointment as registered agent. Fam
2. Principal Place of Business 1 405 N. Reo Street 26 P.O. Box 20112 Suite, Apt. #, etc. 2 Suite 240 City & State 3 Tampa, FL Zip Country 2 Sup 2 Country 2 Sup 2 Country 2 Sup 2 Country 3 3609 2 Subsequence of Business 2 Suite 240 City & State 3 Tampa, FL Zip Country 2 Sup 3 Sup 4 Country 2 Sup 2 Sup 4 Sup 4 Sup 5 Sup 6 S	12/04/1989 4. FEI Number 59-2986238 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution 8. 75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution 9. Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. PL 13. Zip Code 14. Tips 15. Qode 16. Election Campaign Financing Trust Fund Contribution 16. Required 17. Added to Fees 18. This corporation has liability for intangible tax under s 199.032, Florida Statutes 19. OX Added to Fees 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Statutes 10. Applied For Not Applicable 10. Battion Statutes 10. Added to Fees 10. Not Added to Fees 10. OX Added to Fee
1 405 N. Reo Street Suite, Apt. #, etc. 2 Suite 240 City & State 3 Tampa, FL Zip Country 2 33609 P.O. Box 20112 Suite, Apt. #, etc. 2 Suite 240 City & State 3 Tampa, FL Zip Country 2 33622-0112 30 USA P. Name and Address of Current Registered Agent KUSSNER, STEPHEN L. ONE TAMPA CITY CENTER, SUITE 2100 TAMPA FL 33802 83 Red City & State B2 Street Addred B3 Street Addred B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	4. FEI Number 59-2986238 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 7 Yes No 10. Name and Address of New Registered Agent 10. See [P.O. Box Number is Not Acceptable] FL 85 Zip Code ation submits this statement for the purpose of changing its registered office of directors. I hereby accept the appointment as registered agent. I am
1 405 N. Reo Street Suite, Apt. #, etc. 2 Suite 240 City & State 3 Tampa, FL Zip Country 2 33609 2 5 USA 9. Name and Address of Current Registered Agent KUSSNER, STEPHEN L. ONE TAMPA FL 33802 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	59-2986238 Solution Status Desired Status
Suite, Apt. #, etc. 2 Suite 240 City & State 3 Tampa, FL Zip Country 4 33609 25 USA 9. Name and Address of Current Registered Agent KUSSNER, STEPHEN L. ONE TAMPA CITY CENTER, SUITE 2100 TAMPA FL 33602 Suite, Apt. #, etc. City & State 28 Tampa, FL Zip Country Zip Country Zip Country All Name B1 Name B2 Street Addre B3 Street Addre B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	5. Certificate of Status Desired
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required	when reinstating: DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME HALES, ROBERT J. 12 NAME	
STREET ADDRESS 405 N. REO ST. 1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP	
THE D DELETE 2 1 THE	Change Addition
NAME HALES, LINDA A 22 NAME	
STREET ADDRESS 405 N. REO ST. 2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 24 CITY-ST-ZIP	
TITLE D SELETE 3.1 TITLE	☐ Change ☐ Addition
NAME HALES, ROBERT J II 3.2 NAME	
STREET ADDRESS 405 N. REO ST. 3.3 STREET ADDRESS	
	Change Addition
	Change [7] Mandon
NAME HALES, RICHARD J STREET ADDRESS 405 NO REO STR 4.3 STREET ADDRESS	
MANDA CI	
CITY-ST-ZIP TAMPA PL 44 CITY-ST-ZIP TITLE DELETE 5 1 TITLE	☐ Change ☐ Addition
NAME . 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TIFLE DELETE 6.1 TIFLE	Change Addition
NAME 6.2 NAME	
STHEF: ACORESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for certify that the information indicated on this annual report or supplemental annual report is true and accurate oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this appears in Block 12 or Block 13 from anged, or on an attachment with an address.	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further te and that my signature shall have the same legal effect as if made under

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 813-289-4119

CR2E034 (12/95)