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

1996

SIGNATURE:

(9)

DOCUMENT # 1, Corporation Name PIPER FAMILY INVESTMENT CORPORATION

Principal Place of Business Mailing Address						1 1101 O1014 O1014 O1014 S1014 O1014 O1014 O1014
7400 14 ST ST. PETERS	NE Burg FL 33702	7400 14 ST NE St. Petersburg F	EL 33702			
					 Date Incorporated or Qualified 12/18/1989 	3a. Date of Last Report 04/12/1995
2. Principa/ P	face of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# etc	26 Suite Ant A sta			59-2981397	Not Applicable
22	<i>"</i> , oto.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional
City & Stat	e	City & State			6 Floring O	Fee Required
		- 28	F		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Ziķi	Count	ry	This corporation has liability for	AUGED TO Fees
24	25	29	30			No □ No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New F	legistered Agent
NDCD 4	LIANY A		8	1 Name		
PIPER, I	Mark A. Cond avenue ne		8	2 Street Add	ress (P.O. Box Number is Not Acceptab	ıle)
SUITE 1			8	3		
	ERSBURG FL 33701					
			8-	4 City		FL 85 Zip Code
familiar wit	to the provisions of Sections 607.0 red agent, or both, in the State of F th, and accept the obligations of, S	502 and 607.1508, Florida Stat loridir Such change was autho lection 607.0505, Florida Statut	utes the above rized by the cor- les	named corpo poration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	
SIGNATURE .	Signature typed or proted carry of registered :	gertar ditte mapple association	NOTE Beginsons Ag	tool badball ater teaming	all section record about	
12.		AND DIRECTORS	13.		ADD/11ONS/CHANGES TO OFFI	DATE ICERS AND DIRECTORS IN 19
TITLE	D	DELETE	1 TITLE			Change Addition
NAME	PIPER, MARK A.		1.2 NAME			_ ,
STREET ADDRESS	111 SECOND AVE NE		1.3 STREE	T ADDRESS		
CITY - ST - ZIP THLE	ST. PETERSBURG FL		14 CHY	ST - ZIP		
		☐ DELETE	2 1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			2.2 NAME			
CITY-ST-ZIP			2 3 STREE	LADURESS		
TITLE		. ☐ DELETE	2 4 CiTy -			
NAME		C precest	3 1 117.5			☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME	of about co		
CITY-ST-ZIP			3.4 City -	EL ADORESS		
TITLE		DELETE	4 1 1111	31-21		Change C Addition
NAME			4.2 NAME			Change L Adoition
STREET ADDRESS			4.3 STHEE	T ADDRESS		
CITY - ST - ZIP			44 City			
TITLE		☐ DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEE	ADDRESS.		
CITY - ST - ZIP			5.4 CITY - 5	ST - 21P		
TITLE		DEFEIE	6 1 THILE			☐ Change ☐ Addition
NAME			6.2 NAME			_
STREET ADDRESS			6 3 STAEET	ADDRESS		
CITY-ST-ZIP			6.4 City - S	31 - 21F		

14. If 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 Statutes. I further certify that the information indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on in attachment with an address

4/26/96 8/3-813-3220

BIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR