| SECOND NO | OTICE: CORPORA N OR BEFORE 8/1/90 | TION WILL BE DIS: 6: \$225 (IF DISSOLVE) | SOLVED C | N OR AFTER A | AUGUST 7 E TO REINS | ', 1996. TATE: \$375. |) | | | |
|--|---|--|--|---|--|---------------------------------------|---|---|-------------------------------------|---|
| PI CORP ANNUA | ROFIT PORATION AL REPORT 996 | | | LORIDA DEPAR Sandra B | TMENT OF Mortham ry of State | STATE | | | | |
| DOCUM | IENT# | L52470 | · | (6) | | | | | | |
| • | MANT, INC. | | | | | | | | | 8 |
| Principal Place | of Business | | Mailing A | ddress | | | | | | |
| 2339 9TH STRE POST OFFICE ST. PETERSBU | BOX 7187 | 2339 9TH STREET NORTH POST OFFICE BOX 7187 ST. PETERSBURG FL 33734 | | | | | Date Incorporated or Qualified 02/23/1990 | 3a. Date of t | | |
| 2. Principal Pla | ce of Business | | _ | g Address | <u> </u> | | | 4. FEI Number | 09/12/1 | Applied For |
| Suite, Apt. #, | , etc. | - | | Apt #, etc | | | | 59-2997511 5. Certificate of Status Desired | | Not Applicable i.75 Additional Fee Required |
| City & State | | | ∽ ` | State | | | | 6. Election Campaign Financing | \$! | 5.00 May Be |
| Z ip | Cou | untry | zip | | Coun | try | | Trust Fund Contribution 8. This corporation has liability for | iplangible tax un | |
| 24 | 9. Name and Ad | dress of Current Re | 9] gistered A | \gent | 30 | | | Florida Statutes 10. Name and Address of New Re | Yes No gistered Agent | |
| WILLIAMS, DIANE SHEA ESQ | | | | | | | | SAME | | |
| 2522 NINTH STREET NORTH St. Petersburg FL 33704 | | | | | | | Addres 33 | ss (P.O. Box Number is Not Acceptated) | ood S | uite L |
| • | | | | | | 33 City/2 | | | . / 85 | A p Code |
| 44 Dun calls | the provisions of S | Costinue 607 0503 ac | d 607 160i | R. Florida Statut | | - Cla | ornor | water, # 3462 ation submits this statement for the p | 4 PE | |
| office or rei | oistered artent, or b | poth, in the State of Fraccept the obligation | orida Suc | h change was a | iuthorized l | oy the corp | oration | i's board of directors. I hereby accep- | t the appointmen | nt as registered |
| SIGNATURE S | alignative typed or printed | ranie of registered algent and | title if applica | tie (NO | TE Flegistered | Agent signature | required | when renstating) | f:Alt | |
| 12. | PT | OFFICERS AND D | RECTORS | DELETE | 13. | E | | ADDITIONS/CHANGES TO OFFIC | | CTORS IN 12 S |
| NAME | STAMANT, DA | | | | 1 2 NAM | AE | | | |] |
| STREET ADDRESS | 2339 9TH STR | | | | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | ST. PETERSBU VS | JHG FL 33/04 | | DELETE | 1 4 CIT | r - St - ZIP .E | V | | | hange Addition (|
| NAME | PRENDES, UR | BAR BEN | | | 22 NA | | ~ | URBAN | | |
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| TITLE NAME | | | | Oricit | 4 2 NA | | | | | January C. J. Harrison |
| STREET ADDRESS | | | | | 43516 | REET ADORESS | | | | |
| CITY-ST-ZIP | | | | | | Y-ST-ZIP | ļ <u>-</u> | | | Same 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
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| CITY-ST-ZIP | | | | | | y - ST - ZIP | <u> </u> | A 11-14 MARIE VIII | | , |
| TITLE | | | | DELETE | 6 1 TIT | | | | | Change [Addition |
| NAME STREET ADORESS | | | | | 62 NA 63 ST | ME Reel address | | | | |
| City-St-7iP | | | | | 6401 | Y-ST-ZIP | <u>L</u> | | | , |
| further cer made und | rtify that the informa ler oath, that I am a ame appears in Blo | ition indicated on this | annual re f the corpo langed, or | port or supplem tration or the rec on an attachme | ental annu seiver or tru ent with an | al report is istee empo address | true ar wered | y for the exemption stated in Section and accurate and that my signature ship to execute this report as required by | aii nave the sam Chapter 617, Fi | orida Statutes, and |

SIGNATURE: Man Ben SIGNATURE AND TYPED OR ME

LI UPBAN BEN PRENDES 8-06-96 (883)525-1093