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

DOCUMENT #

L55512

Principal Place of Business Mailing Address										
13449 PERIWINKLE AVE. SEMINOLE FL 34646			5518 22ND AVE N. ST. PETERSBURG FL 33710							
US US							3. Date incorporated or Qualified 3a. Date of Last Report 03/05/1990 04/13/1995			
2. Principal Pla	ce of Business	2a	2a. Mailing Address				4, FEI Number Applied For			
21		26					59-2993162	Not Applicable \$8.75 Additional		
Suite, Apt. #	, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Roomonal Required
City 8 State			City & State			6. Election Campaign Financing	aign Financing \$5.00 May Be			
23		28					Trust Fund Contribution			d to Fees
Zip	Country		Zıρ	<u>├</u> ─┐	ountry		8. This corporation has liability for	ntangibie f No	tax under s	199.032,
24	25	29	Annal Annal	30	г		Flonda Statutes Yes 10. Name and Address of New R		Agent	
	g. Name and Address of Curre	nt Hegis	stered Agent		81	Name	ID. Name and Address of New 1	291010100	- Agont	
HED7EE!	D PAIN V				82		ID C. Clar Minning in Not Appendix			
HERZFELD, PAUL V 12600 SEMINOLE BLVD #2-A						Street Add	rss (P.O. Box Number is Not Acceptable)			
LARGO 1					83					
					84	Cty			85 Zy	p Code
					i	i	pration submits this statement for the pur	FI		
SIGNATURE .	Signature typed in printed harve of registered ages OFFICERS At			THE Resister		Usignature reger	ad with speed they ADDITIONS/CHANGES TO OFF	ICERS AN	ND DIRECTO	DRS IN 12
TITLE	Ū		DELETE	1	1 Trille				☐ Change	Addition
NAME	CARINGAL, JOSE			12	NAME					
STREET ADDRESS	5518 22ND AVE NORTH			1	1.3 STREET ADOPLESS					
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CITY - ST - ZIP				6	4 CITY -	S1 - 21P			er a a a	4 14. Al-
			the state of the s		- d - d -	بالتأريب ومناور سيسي	for the execution stated in Section 119	3 117(31)(12)	Flooda Statu	ITOS I TUTTOET

14. I 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 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 comporation or 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 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

4-1-96 813-345-1116