FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

	1996	DIVISION OF C	ORPORATI	ONS		
DOCUN 1. Corporation	MENT # L6275	8 (2)				
FLORIDA	A WEST SANDWICH SHO	PS, INC.			t anguair bar night arbait bhait bhait	rdin Blæik dkaki didir didir didir didir 1881
Principal Place of Business		Mailing Address			i imalife il din dilli ilbit idda i filiti	iðit etátt blett arett elett ethit eldit ibet
2102 W. BRANDON BLVD.		2102 W. BRANDON BLVD.				
BRANDON FL	33511	BRANDON FL 33511			Date Incorporated or Qualified	3a. Date of Last Report
					03/28/1990	05/23/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3006104	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
Crty & State		Orty & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for	intangible tax under s=199 032. □ No
24	9. Name and Address of Curre		[30]		Florida Statutes Yes 10. Name and Address of New F	
	3. Hame and Address of Con-		81	1 Name		
KRÖLL, K	(ENNETH A.		8;	2 Street Ad	dress (P.O. Box Number is Not Acceptab	ole)
	BRANDON BLVD	83				
BRANDO	N FL 33511					
			8	4 City		B5 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607,1508 Florida Statutes	s, the above	named corp	oration submits this statement for the pu	rpose of changing its registered office
or register	ed agent, or both, in the State of Fit th, and accept the obligations of, Se	nida. Such chacce was authorzed	d by the cor	poration's bo	pard of directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE		LA. KWU				
	Signature typed or profestinate of eigeneer as	At and the marple are NOTE NO DIRECTORS	Beginteren Ag ■ 13.	part sopport constitue	ADDITIONS/CHANGES TO OFF	DATE EICERS AND DIBECTORS IN 12
TITLE	SD	DELETE	1 1 1111	·T	7,00110101010101010101010101010101010101	Change Addition
NAME	KROLL, CATHY		1.2 NAME	t I		
STREET ADDRESS	1511 S. BAYVILLA PL.		13STRE	ET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CHY			Change Addition
TIFLE	PD VENNETH A	☐ DELETE	2 1 THU 2 2 NAMI	· '		Change 🖺 Addition
NAME STREET ADDRESS	KROLL, KENNETH A. 1511 S. BAYVILLA PL.			EL ADDRESS		
CITY ST-ZIP	TAMPA FL		24 0114			
TITLE		☐ DELETE	3 1 THTL			Change Addition
NAME			3.2 NAM	f		
STREET ADDRESS			- 6	ELT ADORESS		
CITY - ST - ZIP		DELETE	3 4 CIFY			Change Addition
TITLE NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY-ST-ZIP				- SI - ZIF		
TITLE	DELETE 5		5 1 164			Change Addit on
NAME			5.2 NAM	- 1		
STREET ADDRESS				ET ADDRESS ESTEZP		
CITY - ST - ZIP TITLE		☐ DELETE	6 1 1115			Change Addition
NAME		_	6.2 NAM	15		
STREET ADDRESS			6.3 STR	EFF ADDRESS		
CITY - ST - ZIP			€ 4 CITY	-ST-ZIP		

14. Loo hereby certify that the information supplied with this filing is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)fk). Florida Statutes I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR