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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION	OF CORPORATIONS			
1. Corporati	·- · · · ·	(-)				
CHAU	ICER INVESTMENTS, INC	•) IBANAM DIP DINIB KARAK MKAN IBIN	N (181 BIBIE ANNI BEAN DERN DIBIT ANNI ANNI	
Principal Plac	ce of Business	Mailing Address				
% W. K. BA		% W. K. BAKER				
P.O. BOX 3 TAMPA FL (P.O. BOX 31601 TAMPA FL 33631				
		IAMPA FE 33031		3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal I	Place of Business	2a. Mailing Address		04/05/1990	04/28/1995	
21		26 26		4. FEI Number 59-3000762	Applied For	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional	
City & Sta	ite	City & State		5. Certificate of Status Desired	Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country	This corporation has liability for	Added to Fees	
24	25 9. Name and Address of Cui	rent Boolstored &	30	Florida Statutes 🗶 Yes	i □No	
	o, manual and and on our	irent riegistered Agent	81 Name	10. Name and Address of New I	Registered Agent	
WALTER	R, JAMES W			+		
4320 W KENNEDY			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
TAMPA	33609		83			
			84 City		- 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Stati	ites the above named corns	ration submits this statement for the pur	FL 1	
or registe familiar wi	ered agent, or both, in the State of F with, and accept the obligations of, S	forida. Such change was author ection 607,0505. Florida Statute	ized by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am	
SIGNATURE					- "	
12.	Signature, typed or printed name of registered a	gent and title if applicable (financial of the control of the cont	IOTE: Registered Agent a gnature require		DATE	
TITLE	DP	DELETE	13. 1. 1 TITLE	ADDITIONS/CHANGES TO OFF		
NAME	WALTER, JAMES W.	_	1.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS	1500 N. DALE MABRY		1.3 STREET ADDRESS			
CITY+ST-ZIP TITLE	TAMPA FL DST	ET DELETE	1.4 CiTY - ST - ZiP			
NAME	BAKER, W. KENDALL	☐ DELETE	2. 1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS	1500 N. DALE MABRY		2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2 4 CITY-ST-ZIP			
THILE	DAS KOREN, EDWARD F.	☐ DELETE	3 1 TITLE		Change Addition	
NAME STREET ADDRESS	400 N. ASHLEY, STE. 2300		3.2 NAME			
DITY-ST-ZIP	TAMPA FL		3.3 STREET ADDRESS			
TITLE		☐ DELETE	3.4 CITY-ST-ZIP 4. 1 TITLE		Change C Addition	
NAME			4.2 NAME		Change Addition	
STREET ADDRESS			4.3 STREET ADDRESS			
DIY-ST-ZIP TILE		T DELETE	4.4 CITY-ST-ZIP			
IAME			5 1 TITLE 5.2 NAME		☐ Change ☐ Addition	
TREET ADDRESS			5.3 STREET ADDRESS			
ITY - ST - ZIP			5.4 CITY-ST-ZIP			
ITLE AME		DELETE	6. 1 TITLE		☐ Change ☐ Addition	
TREET ADDRESS			6.2 NAME		-	
ITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
 I do hereby certify that t 	certify that the information supplied	with this filing is voluntarily furn	shed and does not qualify for	the exemption stated in Section 119.0.	7(3)(k) Florida Statutos Lfudhov	
oath, that i	am an officer or director of the corp Block 12 or Block 13 if changed, or	varation or the receiver or to see -	The same and an analysis and	r the exemption stated in Section 119.0 and that my signature shall have the sc report as required by Chapter 607, Flori	ame legal effect as if made under	
	1. //.	on an attachment with an addr	ess.		Statistics, and triat my hame	
SIGNATI	URE:	1 mken	W. K. BAKER	4/19/96	813-871-4171	
	ONINATURE AND TYPED	PRINTED NAME OF SIGNING OFFICE	RORDIRECTOR SECTY &		Daytime Phone #	

SIGNATURE: