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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L64482

(7)

SOLOMON & BENEDICT, P.A.

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Apr	17	1997	8:00am
Se	cre	tary o	f State

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	non of Ducinosa	Mailing Addrson			
C/O STANFO	ace of Business RD R. SOLOMON	Mailing Address C/O STANFORD R. SOLOM			
B àrnett fli Tampa fl 33	tza.: ŝulte 1818	BARNETT PLAZA: SUITE 18 TAMPA FL 33602	18	Ì	
IAMPA FL 30	ou.	TAMEN EL SSOCE		3. Date Incorporated or Qualified 04/06/1990	3a. Date of Last Report 04/04/1996
2. Principal	Place of Business	2a. Mailing Address	······································	4. FEI Number	Applied For
21		26		59-2999938	Not Applicable
Suite, Ar		Suite, Apt. #, etc.	#2000	5. Certificate of Status Desired	\$8.75 Additional
22 400 City & St	N. Ashley Dr., #3000	27 400 N, Ashle	y Dr., #3000	A Floring Committee Financia	Fee Required
201.y & 31	.a.e	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _{(P})	Country	Zip	Country	8. This corporation has liability for in	
4	25)	29	30		Yes No
-1	9. Name and Address of Curre			10. Name and Address of New Reg	Istered Agent
SO	LOMON, STANFORD R		81 Name		
	PINETT PLAZA SUITE 1818		82 Street Ac	drass (P.Q. Box Number is Not Acceptable	A) 141.
10	I E. KENNEDY BLVD.		300t	Nations Sank Plaza	The state of the s
	MPA FL 33602		83 400	North Ashley Drive	
			84 City		85 Zip Code
			B4 City		FL 85 Zip Code
11. Pursuar	nt to the provisions of Sections 607.05	602 and 607.1508, Florida Statuti	es, the above-named co	orporation submits this statement for the pr	rpose of changing its registere
office o	r registered agent, or both, in the Stai	te of Florida. Such change was a	uthorized by the corpor	ration's board of directors. I hereby accep	t the appointment as registered
agent.		gations of, Section 607.0305, Fig	inua Statutes.		
SIGNATUR	Signature, Typed or printed name of registered a	grent and title it applicable. (NOT)	Repistered Agent signature ret	guired when reinstating)	DATE
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI ND DIRECTORS	Registered Agent signature ret	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	
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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 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:

UNE AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/11/97

(813) 225-1818

aytime Phone # 0523368