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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

MENT # **L93185**

(1)

DOCUMENT #

1. Corporation Name

LANTANA EIGHTH AVENUE CORP.

Address	

	e of Business	Mailing Address					
1311 N. CHURCH AVE. TAMPA FL 33607-2484		1311 N. CHURCH AVE. TAMPA FL 33607-2484					
IAMPA PL 3	20 07-2404	Inmin 16 00007 2407			3. Date hicorporated or Qualified 08/14/1990	3a. Date of L 05/01	
Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
		26			59-3035325		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Cert-licate of Status Desired	<u>\$</u>	8.75 Additional Fee Required
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
[Ζφ	Country	Zip	Country 30		8. This corporation has liability for Florida Statutes 🔀 Yes	intang-ble tax un	ider's 199.032,
1	25 9 Name and Address of Curre	29 nt Registered Agent			10. Name and Address of New F	Registered Age	nt
·	5. Hame and Addison of Cart		81	Name			
	AS, JOSEPH M.		82	Street Addi	ess (P.O. Box Number is Not Accepta	ble)	
	ND AVENUE.		83	 			
TAMPA	FL 33605					- 	
			84	City		FL ⁸	5 Zip Code
		on a 1 007 4500 Florido Stotul	Los the shows	l	ration submits this statement for the pure of directors. Thereby accept the app	reces of chancir	na its registered off
IGNATURE 2.	Signature typod or printed name of registerico ager OFFICERS AN	ND DIRECTORS	O'F Fargithred Age	it signar in income	Twistering ADDITIONS/CHANGES TO OF		
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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 119.0"(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 carth; 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:

AYUHE AND TYPES OF HINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/96

(813) 248-3878