## 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	20 11 12	Ú	IVISION OF						
DOCUI	MENT #	L9604	5	(4)						
i. Corporation COH	n Name <b>N, COHN &amp; SIN</b>	IGER, P.A.								
rincipal Place	of Business		Maling Addr	ress					ei sigil gid	
P.O.BOX 3424 TAMPA FL 33606			P.O. BOX 3424 TAMPA FL 33601							
US			US	7 2 00001			• Pro-line and on the state of	T		·
							3. Date Incorporated or Qualified 08/15/1990	3a. Date o	5/01/19	995
Principal Pla	ace of Business		2a. Mailing A	Address		•	4. FEI Number 59-3023181			pplied For lot Applicable
Suite, Apt.	#, etc.		Suite, Ap	ot. #, etc.			5. Certificate of Status Desired			Additional
City & State			City & St	ate			6. Election Campaign Financing			lequired
			28				Trust Fund Contribution			May Be to Fees
<i>Z</i> ıp	- Cοι <b>25</b>	intry	Zφ		Count	try	This corporation has liability for Florida Statutes      Yes	intangible tax	under s	199.032,
L		dress of Current F	29  Registered Age	ent	30		10. Name and Address of New f		gent	<del></del>
					8	11 Name		<b></b>		
	I, VANESSA NEGR /. AZEELE			6	Street Add	dress (P.O. Box Number is Not Acceptal	ble)			
	A FL 33601				В	3		<del></del>		
									I	
									85 Zıç	Code
. Pursuant t or register familiar wit	to the provisions of Sered agent, or both, in th, and accept the ob-	ections 607,0502 ar the State of Florida. ligations of, Section	nd 607.1508, FI Such change v 607.0505, Flor	orida Statute was authorize ida Statutes.	es, the above	a-named coroc	oration submits this statement for the pu ard of directors. I hereby accept the app	FL urpose of chang pointment as re	ging its re egistered	gistered offic agent. I am
or register familiar wit	red agent, or both, in th, and accept the ob-	the State of Florida. ligations of, Section arms of registered agent and	Such change v 607.0505, Flor dittie if applicable	vas authonze ida Statutes.	es, the above ed by the con TE: Registered Ac	e-named corporation's box	ard of directors. I hereby accept the app	urpose of chang pointment as re	egistered	agent. I am
or register familiar wit GNATURE	ed agent, or both, in th, and accept the ob- Signature, typed or printed in:  DPS	the state of Florida.  ligations of, Section  arms of registered agent and  OFFICERS AND I	Such change v 607.0505, Flor dititle if applicable DIRECTORS	vas authonze ida Statutes.	es, the above ed by the co	e-named corporation's boa	ard of directors. I hereby accept the app	urpose of chang pointment as re DATE FICERS AND D	egistered	agent. I anı
or register familiar wit GNATURE _	ed agent, or both, in Ih, and accept the ob	the State of Florida.  ligations of, Section  artic of registered agent and  OFFICIERS AND D  SSA NEGRON	Such change v 607.0505, Flor dititle if applicable DIRECTORS	vas authonze ida Statutes. (NO	as, the above of by the constitution of the co	e-named corporation's boardent signature require	ard of directors. I hereby accept the app	urpose of chang pointment as re DATE FICERS AND D	egistered	agent. I am
or register familiar will GNATURE _	ed agent, or both, in th, and accept the ob-	the State of Florida.  ligations of, Section  artic of registered agent and  OFFICIERS AND D  SSA NEGRON	Such change v 607.0505, Flor dititle if applicable DIRECTORS	vas authonze ida Statutes. (NO	TE: Registered A:  13.  1.1 TITL  1.2 NAM  1.3 STRE	e-named corporation's box gent agriature requir  E  E  EET ADDRESS	ard of directors. I hereby accept the app	urpose of chang pointment as re DATE FICERS AND D	egistered	agent. I am
or register familiar will GNATURE _  2. 1.6 ME REET ADDRESS (Y-ST-ZIP	Signature, typed or printed in  DPS  COHN, VANE  705 W. AZEE  TAMPA FL  DVT	the state of Florida, ligations of, Section arc of registered agent and OFFICERS AND ESSA NEGRON	Such change v 607.0505, Flor drifted applicable DIRECTORS	vas authonze ida Statutes. (NO	TE: Registered A:  13.  1.1 TITL  1.2 NAM  1.3 STRE	e-named corporation's box gent signature requir  E  E  E  E  E  E  E  T  T  T  T  T  T	ard of directors. I hereby accept the app	Urpose of changointment as re	egistered	agent. I am
or register familiar wit GNATURE _  2. 1.1. 1.1. 1.1. 1.1. 1.1. 1.1. 1.1.	Signature, Speed or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor drifted applicable DIRECTORS	vas authonze ida Statutes. (NO:	TE: Registered Age 13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY	e-named corporation's box gent signature requir  E  E  E  E  ET ADDRESS  -S1-ZIP  E	ard of directors. I hereby accept the app	Urpose of changointment as re	DIRECTO Change	agent. I am
or register familiar wild GNATURE LE ME REFT ADDRESS Y-ST-ZIP LE ME ME ME	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor drifted applicable DIRECTORS	vas authonze ida Statutes. (NO:	TE: Registered A:  13.  1.1 TITL  1.2 NAM  1.3 STRE  1.4 CITY  2.1 TITL  2.2 NAM  2.3 STRE	e-named corporation's box gent signature requir  E  E  E  E  F  S  S  S  S  S  S  S  S  S  E  E  E  E	ard of directors. I hereby accept the app	Urpose of changointment as re	DIRECTO Change	agent, I am RS IN 12 Addition
Or register familiar wild GNATURE _  P. LE  ME  REF1 ADDRESS  Y-S1-ZIP  LF  ME  ME  ME  ME  ME  ME  ME  ME  ME  M	Signature, Speed or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor	vas authonze ida Statutes.  (NO:  DELETE	TE: Registered As  13.  1.1 TITL  1.2 NAM  1.3 STRE  1.4 CITY  2.1 TITL  2.2 NAM  2.3 STRE  2.4 CITY	e-named corporation's box gent signature requir  E  E  E  E  E  S-S1-ZIP  E  E  E ADDRESS  -S1-ZIP	ard of directors. I hereby accept the app	Urpose of changonintment as re	DIRECTO Change Change	RS IN 12 Addition
or register familiar will IGNATURE	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor	vas authonze ida Statutes. (NO:	TE: Registered A:  13.  1.1 TITL  1.2 NAM  1.3 STRE  1.4 CITY  2.1 TITL  2.2 NAM  2.3 STRE	e-named corporation's box gent signature requir  E  E  E  E  E  E  E  E  E  E  ADRESS  -S1-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	ard of directors. I hereby accept the app	Urpose of changonintment as re	DIRECTO Change	agent. I am RS IN 12 Addition
Or register familiar wild GNATURE	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor	vas authonze ida Statutes.  (NO:  DELETE	TE: Registered A:  13.  1.1 TITL  1.2 NAM  1.3 STRE  2.1 TITL  2.2 NAM  2.3 STRE  2.4 CITY  3.1 TITL  3.2 NAM	e-named corporation's box gent signature requir  E  E  E  E  E  E  E  E  E  E  ADRESS  -S1-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	ard of directors. I hereby accept the app	Urpose of changonintment as re	DIRECTO Change Change	RS IN 12 Addition
Or register familiar wild GNATURE  LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME ME REET ADDRESS Y-ST-ZIP LE ME ME ME REET ADDRESS	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor of title if applicable DIRECTORS	DELETE  DELETE	TE: Registered Age 11. TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CITY 3.4 C	e-named corporation's box gent signature requir  E  E  E  EET ADDRESS  -SI-ZIP  E  E  EET ADDRESS  -SI-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	ard of directors. I hereby accept the app	DATE FICERS AND D	OIRECTO Change Change	Addition
Or register familiar wild GNATURE	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor of title if applicable DIRECTORS	vas authonze ida Statutes.  (NO:  DELETE	TE: Registered Age 13.  1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE	e-named corporation's box gent signature requir  E  E  E  EET ADDRESS -SI-ZIP  E  EET ADDRESS -SI-ZIP  E  EET ADDRESS -SI-ZIP  E  E  EET ADDRESS -SI-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	ard of directors. I hereby accept the app	DATE FICERS AND D	DIRECTO Change Change	RS IN 12 Addition
or register familiar wit GNATURE	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor of title if applicable DIRECTORS	DELETE  DELETE	TE: Registered Age 1 13.  1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITL 4.2 NAM	e-named corporation's box gent signature requir  E  E  E  EET ADDRESS -SI-ZIP  E  EET ADDRESS -SI-ZIP  E  EET ADDRESS -SI-ZIP  E  E  EET ADDRESS -SI-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	ard of directors. I hereby accept the app	DATE FICERS AND D	OIRECTO Change Change	Addition
OF FEBSET FAMILIAN  GNATURE  LE ME ME REFT ADDRESS Y-ST-ZIP LE ME ME REFT ADDRESS Y-ST-ZIP LE ME ME REFT ADDRESS	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor of the if apolicable DIRECTORS	DELETE  DELETE  DELETE	TE: Registered Age 13.  1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY	e-named corporation's box gent agriculture requir  E  E  E  EET ADDRESS -S1-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	ard of directors. I hereby accept the app	DATE FICERS AND C	OIRECTO Change Change Change	RS IN 12 Addition Addition Addition
OF REGISTER FAMILIAR WILL GONATURE	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor of the if apolicable DIRECTORS	DELETE  DELETE	TE: Registered Age 13.  1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL	e-named corporation's box gent agriature requir  E BE EET ADDRESSS1-ZIP E E EET ADDRESSS1-ZIP E E EET ADDRESSS1-ZIP E E EET ADDRESSS1-ZIP E E E EET ADDRESSS1-ZIP E E E E E E E E E E E E E E E E E E E	ard of directors. I hereby accept the app	DATE FICERS AND C	OIRECTO Change Change	RS IN 12 Addition Addition
Or register familiar wild GNATURE	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor of the if apolicable DIRECTORS	DELETE  DELETE  DELETE	28, the above and by the color of the color	e-named corporation's box gent agriculture requir  E  E  E  EET ADDRESS -S1-ZIP  E  E  EET ADDRESS -S1-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	ard of directors. I hereby accept the app	DATE FICERS AND C	OIRECTO Change Change Change	RS IN 12 Addition Addition Addition
Or register familiar wild GNATURE  LE  ME REET ADDRESS Y-ST-ZIP LE  ME REET ADDRESS Y-ST-ZIP LF  ME REET ADDRESS Y-ST-ZIP LE  ME REET ADDRESS Y-ST-ZIP LE  ME REET ADDRESS	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor of the if apolicable DIRECTORS	DELETE  DELETE  DELETE	28, the above and by the color of the color	e-named corporation's box	ard of directors. I hereby accept the app	DATE FICERS AND C	OIRECTO Change Change Change	RS IN 12 Addition Addition Addition
Or register familiar wild GNATURE	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor of the It apolicable DIRECTORS	DELETE  DELETE  DELETE	28, the above and by the color of the color	e-named corporation's box gent agriculture requir  E  E  E  E  EET ADDRESS -S1-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	ard of directors. I hereby accept the app	DATE FICERS AND C	OIRECTO Change Change Change	RS IN 12 Addition Addition Addition
or register familiar will ignature	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor of the It apolicable DIRECTORS	DELETE  DELETE  DELETE  DELETE	28, the above and by the color of the color	e-named corporation's box gent agrature require  E  E  E  E  E  E  E  E  E  E  E  E  E	ard of directors. I hereby accept the app	DATE FICERS AND C	OIRECTO Change Change Change Change	Addition  Addition  Addition
Or register familiar wild GNATURE	Signature, byted or printed in  DPS COHN, VANE 705 W. AZEE TAMPA FL DVT COHN, RON/ 705 W. AZEE	the state of Florida. ligations of, Section and of registered agent and OFFICERS AND E  SSA NEGRON LE  ALD B.	Such change v 607.0505, Flor of the It apolicable DIRECTORS	DELETE  DELETE  DELETE  DELETE	28, the above and by the color of the color	e-named corporation's box gent agrature require  E  E  E  E  E  E  E  E  E  E  E  E  E	ard of directors. I hereby accept the app	DATE FICERS AND C	OIRECTO Change Change Change Change	Addition  Addition  Addition

SIGNATURE: Vanessa N. Color Signature and typed on Printed Name of Signing of