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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # L99986 1. Corporation Name SIX TEN CENTER, INCORPORATED					
Principal Place of Business 10025 ORANGE GROVE DRIVE TAMPA FL 33618		Mailing Ardress 10025 ORANGE GROVE DRIVE TAMPA FL 33618		T 18811811 618 16116 16114 16164 16116 4FFF EIGH BYGH GYBH GYBH BYGH BYGH BYGH BYGH BY	
				3. Date Incorporated or Qualified 09/13/1990	3a. Date of Last Report 01/26/1995
2. Philippol Place of Business 1. 410 W. Wafers Are.		2a. Mairry Actress		4, FE! Number 59-3032435	Applied For
Suite, Apt. ( 22		26	unge Grove	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City 8 State	7)	City & State	¥	6. Election Campaign Financing	\$5.00 May Be
3 /am	Country 4	28 Jampa	Country	Trust Fund Contribution  8. This corporation has liability for	intang-ble tax under s 199.032,
4 000	9. Name and Address of Currer		30 115/	Florida Statutes Yes  10. Name and Address of New I	S No Registered Agent
or regester	to the provisions of Sections 607,0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	dit Such change was authorized ion 607.0605, Florida Statutes.	the above named corpor by the corporation's boar	d of directors. Thereby accept the app	oointment as registered agent. I am
12.		D DIRECTORS	13.	·	FICERS AND DIRECTORS IN 12
TRILE NAME STHRET ACORESS OFF STOZE	D Grant, John A., Jr. 10025 Orange Grove Dr. Tampa Fl	☐ 0£t£1F	1 1 TITLE 12 NAME 13 STREET ADDRESS 14 C(Y+S1+ZIP		Change ( Addition
TITLE NAME STEFFET ACCIENTS	D Grant, Beverley C. 10025 Orange Grove Dr.	∏ SELETE	2 1 T-TUE 2 2 NAME 2 3 STREET ADDRESS		Change Addition
Cirk St. Zer Tirk NAME	TAMPA FL	□ DELEI€	2 4 C-TY - ST - ZIP 3 1 T-FLE 3 2 NAME		Change Addition
STRITE ACCORDS  OUTSIST VIE  TITLE  NAME		[] prieit	33 STREET ADDRESS 34 C TY - ST - 7/F 4 1 T TLE 4 2 NAME		Change Addition
STHER ALORE IN COLY STEAD TO LE NAME	<u>-</u>	□ pcress	4.3 STREET ADDRESS 4.4 City - ST-ZiP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STHEFT ACCIDENCE COLY-ST ZIE THEF NAME		DELETE	5.3 STHEET ADDRESS 5.4 CITY - ST - 7-P 6.1 TI*CE 6.2 NAME		Criange Addition
STELL FACILITIES OF	y certify that the information supplied		6.3 STREET ADDRESS 6.4 City - S7 - Zip		

4. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(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 each, 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 pin an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/20/96

813 933 1109

2E034 (12/95)