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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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rincipal Place of Business	Mailing Address							
7601 9 ST N. <del>STE B</del>	7601 9 ST N. <del>3</del>	<del>TE-0-</del>						
suite e St. Petersburg fl 33702	suite e St. Petersbur	G FL 33702	ı				<del> </del>	
n. PETENGBONO TE WAL	y				<ol> <li>Date Incorporated or Qualified</li> <li>02/11/1988</li> </ol>		te of Last Re 4/20/199	
Discipal Phase of Punippes	2a. Mailing Addre	255			4. FEI Number		<del></del>	Applied For
Principal Place of Business	26. Walling Adding	233			59-2871158			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired			Additional
Suite E	27 Suite	<u> </u>				<u>.</u>		Required
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
	28	—————	Country		This corporation has liability for	r intangible		
7ip Country <b>25</b>	Z(p	36	·		Florida Statutes X Ye	s 🔲 No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9. Name and Address of Cu			<u> </u>		10. Name and Address of New	Registere	d Agent	
			81	Name				
STEADMAN, PAUL R.				Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
961 LIVE OAK AVENUE N.E.								
ST. PETERSBURG FL 33703			83					
			84	City		F	85 Z	p Code
Pursuant to the provisions of Sections 607.	0500 10074500 5-14	- 04-4 4-5 4	10000000	omed carea	ration submits this statement for the n			registered offic
<ol> <li>Pursuant to the provisions of Sections 607, or registered agent, or both, in the State of familiar with, and accept the obligations of,</li> </ol>	Florida, Such change was Section 607 0505, Florida	authorized t	by the corpo	oration's boa	ird of directors. I hereby accept the ap	pointment a	as registered	d agent. I am
	dection 607.0000, 1101104	Statutes.						
IGNATURE					ist when renstating)	DATE		
GNATURE Signature, typed or printed name of registeres						DATE	ND DIRECTO	DRS IN 12
GNATURE Signature, typed or printed name of registeres 2. OFFICER:	d agent and title if applicable	(NOTE F	Registered Agen		with when reinstating)	DATE		
Signature, typed or printed hanks of registeres  2. OFFICERS TILE PD STEADMAN, PAUL R.	d agent and the if applicable S AND DIRECTORS	(NOTE F	13. 1.1 TITLE 1.2 NAME	t signaturo regiona	with when reinstating)	DATE	ND DIRECTO	DRS IN 12
Signature, typed or printed name of registeres  C. OFFICER:  PD STEADMAN, PAUL R.  961 LIVE OAK AVENUE N	d agent and the if applicable S AND DIRECTORS  DEL	(NOTE F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	i signature require	with when reinstating)	DATE	ND DIRECTO	DRS IN 12
Signature, typed of pricted name of registered.  DEFICERS  THE PD STEADMAN, PAUL R.  961 LIVE OAK AVENUE N ST. PETERSBURG FL 337	d agent and the if applicable S AND DIRECTORS  DEL  J.E.  703	(NOTE F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S	i signature require	with when reinstating)	DATE	ND DIRECTO	DRS IN 12 Addition
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SIGNATURE: Paul R. Steadman 4/25/96 (813) 527-2888