

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M99643** (2)  
1. Corporation Name

**PIBA ENTERPRISES, INC.**



Principal Place of Business: **1383 52ND AVENUE, NORTHEAST ST. PETERSBURG FL 33703**  
Mailing Address: **1383 52ND AVENUE, NORTHEAST ST. PETERSBURG FL 33703**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/21/1988</b>	3a. Date of Last Report <b>04/04/1995</b>
21	22	26	27	4. FEI Number <b>59-2915066</b>	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WEBBER, RAYMOND 1383-52 AVENUE NE ST. PETERSBURG FL 33703</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (PRINT NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CLAYPOOL, MELVIN</b>			1.2 NAME	<b>CATHERINE WEBBER</b>		
STREET ADDRESS	<b>460 11TH AVE N</b>			1.3 STREET ADDRESS	<b>1383-52ND AVE NE</b>		
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>			1.4 CITY-ST-ZIP	<b>ST PETERSBURG, FL 33703</b>		
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEBBER, CATHERINE</b>			2.2 NAME			
STREET ADDRESS	<b>1383 52ND AVE NE</b>			2.3 STREET ADDRESS	<b>SEE ABOVE</b>		
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEBBER, RAYMOND</b>			3.2 NAME			
STREET ADDRESS	<b>1383 52ND AVE NE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 119.07(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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond Weber* **RAYMOND WEBBER** R/A 8/29/96 813-527-0162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)