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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State City & State 28 Country Zip Country 29 30 Suite, Apt. #, etc. 9. Name and Address of Current Registered Agent COMPARETTO & SIMONETTA, P.A. 360 CENTRAL AVE., SUITE 1490 ST. PETERSBURG FL 33701 Suite, Apt. #, etc. Suite	port Solied For Applicable dditional quired May Be D Fees
360 CENTRAL AVENUE SUITE 1430 ST. PETERSBURG FL 33701 2. Principal Place of Business 2. A Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Status Desired 3. Date Incorporated or Qualified (Do/O1/1982) 4. FET Number APPLICABLE Application of Paper	port Solied For Applicable dditional quired May Be D Fees
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84 City FI 85 Zip C	ode .
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its region 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 agranular with, and accept the obligations of, Section 617.0503, Florida Statutes.	stered office ent. I am
SIGNATURE	
Signature, typed or printed name of registered agent and total if applicable. INOTE: Registered Agent signature required when reinstance. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO DESICE OR AND DIRECTORS	
PSTD ACCUTIONS OF IANGES TO OFFICE AS AND DIRECTORS	
NAME MARTIN, RICHARD E 1.1 TITLE Change [Addition
SIREET ADDRESS 307 62ND AVE. N.	
CITY-S1-ZIP ST. PETERSBURG FL 33702	
TIME DELETE 21 TIME	Addition
NAME MARTIN, SUSAN 22 NAME	_
STREEL ADDRESS 1888 CRESCENT RD 23 STREEL ADDRESS ODESSA FL 33556	
2 4 CITY-ST-7/P	
MARTIN MARY I	Addition
1043 31ST TERR NE	
ST. PETERSRURG FL 33704	
34. UIY-S1-7/P	T Addition
NAME 4.2 NAME	Addition
STREET ADDRESS 4.3 STREET ADDRESS	Ì
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TILE	Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-2IP 5.4 CITY-S1-2IP	
	Addition
****村1、25	ا مز
53 STREET ADDRESS	
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.	4.3

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR