

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50140 (5)

1. Corporation Name

MAYOR'S BEAUTIFICATION PROGRAM, INC.

Principal Place of Business

**7525 NORTH BLVD.
TAMPA FL 33604**

Mailing Address

**7525 NORTH BLVD.
TAMPA FL 33604**



3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERLITA, ROSS
7525 NORTH BLVD.
TAMPA FL 33604**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **FERLITA, ROSS**
STREET ADDRESS **7525 NORTH BLVD.**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Guy King III**
1.3 STREET ADDRESS **101 S. Franklin Street**
1.4 CITY-ST-ZIP **Tampa, FL 33601**

TITLE **D** ☐ DELETE
NAME **FLOWERS, HAL**
STREET ADDRESS **101 E. KENNEDY BLVD. 4000**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Bill Lazarus**
2.3 STREET ADDRESS **1511 S. Church Ave**
2.4 CITY-ST-ZIP **Tampa, FL 33629**

TITLE **D** ☐ DELETE
NAME **HOUSE, SUE**
STREET ADDRESS **13707 WALBROOKE AVENUE**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Sara Charles Stevens**
3.3 STREET ADDRESS **3609 Berger Road**
3.4 CITY-ST-ZIP **Lutz, FL 33549**

TITLE **D** ☐ DELETE
NAME **TROCKE, MIKE**
STREET ADDRESS **101 E KENNEDY S2500**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **ABRAHAMS, JOSEPH**
STREET ADDRESS **306 EAST JACKSON**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HALMA, KIM**
STREET ADDRESS **4400 W. DR. MLK BLVD**
CITY-ST-ZIP **TAMPA FL 33614**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

(813) 837-0749

Date and Phone

CR2E037 (12/95)