

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N 93000003829 (9)
1. Corporation Name
CORPORAL LARRY SIEGEL FOUNDATION, INC.

Principal Place of Business **Mailing Address**
8714 HIGHLAND AVE. N. **8714 Highland Ave. N.**
TAMPA, FL 33604-1333 **TAMPA, FL 33604-1333**
U.S.

3. Date Incorporated or Qualified **08/19/1993** **3a. Date of Last Report** **05/01/19994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3221323		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

SIEGEL, LARRY
8714 HIGHLAND AVE. N.
TAMPA, FL 33604-1333

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELE	11 TITLE	PRESIDENT
NAME	BLAIR, BRIAN	12 NAME	SIEGEL, LARRY
STREET ADDRESS	3689 WEST WATERS AVE.	13 STREET ADDRESS	8714 HIGHLAND AVE. N.
CITY - ST - ZIP	TAMPA, FLORIDA 33614	14 CITY - ST - ZIP	TAMPA, FLORIDA 33604-1333
TITLE	DELE	21 TITLE	
NAME	GASQUE, BRAD	22 NAME	
STREET ADDRESS	8515 N. BRADDOCK AVENUE	23 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FLORIDA	24 CITY - ST - ZIP	
TITLE	DELE	31 TITLE	
NAME	KAGLER, EARL	32 NAME	
STREET ADDRESS	4545 NORTH HIMES AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FLORIDA 33614	34 CITY - ST - ZIP	
TITLE	DELE	41 TITLE	
NAME	TRAINA, ANGELO	42 NAME	
STREET ADDRESS	3426 15TH STREET	43 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33605	44 CITY - ST - ZIP	
TITLE	DELE	51 TITLE	
NAME	BENJAMIN, LEERONE	52 NAME	
STREET ADDRESS	4410 BOY SCOUT BLVD.	53 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FLORIDA 33607	54 CITY - ST - ZIP	
TITLE	DELE	61 TITLE	
NAME	JEFFREY, HAL	62 NAME	
STREET ADDRESS	909 ST. CLAIR STREET	63 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FLORIDA 33605	64 CITY - ST - ZIP	

SIGNATURE *Larry Siegel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/03/96

(813) 933-1929

Date **Daytime Phone #**

CR2E037 (3/96)