FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

NAME

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

NIGEOCOCOCO (6) DOCUMENT

Principal Place of Business	Mailing Address			
10917 ARDEN AVE	10917 ARDEN AVE			
TAMPA FL 33612	TAMPA FL 33612			

Principal Place of Business Mailing Address				11851101.913.1919.9111.4911.4911.4911.4911.4911		
10917 ARDEN /		10917 ARDEN AVE TAMPA FL 33612				
				3. Date Incorporated or Qualified 01/23/1995	3a. Date of Last	
2. Principal Plac	ce of Business	2a. Mailing Address	Mucida Air	4. FEI Number	1 1 () - -	Applied For Not Applicable
6506	N. Florida AVE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Florida AVE	1 ' ' / /		Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Required
2 102 City & State		City & State	21	6. Election Campaign Financing	T	May Be
TAME	a. Fl	28 TAMPa	<u>, 71</u>	Trust Fund Contribution 8. This corporation has liability for i	Ague	d to Fees 199,032
Zip	Country U 25 Hill USA	Zip 23/1/1/	30 USA	Florida Statutes	_]Yes LYMNo	. 133.532,
4 3360	9. Name and Address of Current	Registered Agent	30 11374	10. Name and Address of New R	egistered Agent	
	2. 1141119 MIN 114111		81 Name	X WATSON T	R.	
. WATSON	I, FRANK JR.		82 Street Add	dress (P.O. Box Number is Not Acceptab	9, 16	
	RDEN AVE	1 Hraen HVE	ILL			
TAMPA F			83			
•			B4 City	10000	FL 85 2	ip Code
		- 1017 1500 Florido Statu	tes the above-named corbi	oralion submits this statement for the pul ard of directors. I hereby accept the app	energy of shanning its	registered office
11. Pursuant to	o the provisions of Sections 617.0502 and agent, or both, in the State of Florid	and 617,1508, Florida State a. Such change was author	ized by the corporation's bo	pration submits this statement for the pul ard of directors. I hereby accept the app	ointment as registered	d agent. I am
familiar wit	ed agent, or both, in the State of Fiction th, and accept the obligations of, Section	on 617.0503, Florida Statute	es.	,	4122194	2
SIGNATURE	Signature, typed or printed name of registered agent a	and tire l'applicable (°	NOTE: Registered Agent signature requ	red when reinstating)	DATE DIDECT	ODS IN 19
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OF	-ICERS AND DIRECT	
TITLE	PD	DELETE	1.1 THLE		L] onenge	
NAME	WATSON, FRANK JR.		1 2 NAME			
STREET ADDRESS	10917 ARDEN AVE		1.3 STREET ADDRESS		,	
CITY-ST-ZIP	TAMPA FL 33612	DELETE		/	✓ Change	Add:tion
TITLE	VD Watson, Jerry		2 2 NAME	NAIKER, JERRY		
NAME OXOCCE ADDOCCC	10917 ARDEN AVE		23 STREET ADDRESS	SOBI Knollpine WAY		
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33612		2 4 CITY - ST - ZIP	TAMPA, FL	Change	Addition
TITLE	STD	DELETE	3.1 TITLE	STD Daela B	™ ⊃uange	. Divergine
NAME	WATSON, DARLA R		3.2 NAME	VATSON, DARIA R 10917 Arden ANE		
STREET ADDRESS	5081 KNOLLPINE WAY		<u> </u>	TAMOA. FL		
CITY-ST-ZIP	TAMPA FL	DELETE	3.4 CITY-ST-ZIP	Tringh, FC	Change	e 🔲 Addition
TITLE			4 2 NAME			
NAME			4 3 STREET ADORESS			
STREET ADDRESS			44 CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	5 1 TITLE	6000018 -06/03/9601	484950	e 🔲 Addition
NAME			5 2 NAME	~-06/03/96~-01	059005	
STREET ADDRESS			5 3 STREET ADDRESS	***70.00		
			5 4 CITY - ST - ZIP		Chang	e Addition
CITY - ST - ZIP		DELETE	61 TITLE			
1	1		62 NAME			7-a1

A TA BESTEL BUB EDING DEDIG BONG BONG BONG BONG BONG BONG BOSK BONG BESTELDING

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). Fiorida 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 of irrade under certify 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.

62 NAME

6.3 STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR