

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96

B-6253

C

DOCUMENT # N95000004335 (4)

1. Corporation Name

TRUE EXPRESSIONS, INC.



Principal Place of Business

Mailing Address

6085 PARK BLVD.
PINELLAS PARK FL 34665

6085 PARK BLVD.
PINELLAS PARK FL 34665

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

BROCKUS, HAROLD
6085 PARK BLVD.
PINELLAS PARK FL 34665

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 DV
NAME ASSIFF, MARY A
STREET ADDRESS 432 - 23 RD AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33704

☐ DELETE

11 TITLE DP
12 NAME ASSIFF, MARY ANN
13 STREET ADDRESS 432 23RD AVENUE NORTH
14 CITY-ST-ZIP ST. PETERSBURG, FL 33704

☒ Change ☐ Addition

TITLE DP
NAME SANFORD, GARY
STREET ADDRESS 315 S. TESSIER DR.
CITY-ST-ZIP ST. PETERSBURG BEACH FL 34706

☒ DELETE

21 TITLE DV
22 NAME STARR, HOWARD P., II
23 STREET ADDRESS 11605 3RD STREET EAST, #302
24 CITY-ST-ZIP TREASURE ISLAND, FL 33706

☐ Change ☒ Addition

TITLE DT
NAME PERROTTE, RONALD E
STREET ADDRESS 2551 - 15TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL 33713

☐ DELETE

31 TITLE DT
32 NAME PERROTTE, RONALD E.
33 STREET ADDRESS 2555 MADRID WAY SOUTH
34 CITY-ST-ZIP ST. PETERSBURG, FL 33712

☒ Change ☐ Addition

TITLE DS
NAME FARRELL, KATHLEEN
STREET ADDRESS 9461 HARBOR GREENS WAY
CITY-ST-ZIP SEMINOLE FL 34646

☒ DELETE

41 TITLE DS
42 NAME RADAKOVICH, PAVA
43 STREET ADDRESS 358 18TH AVENUE NE
44 CITY-ST-ZIP ST. PETERSBURG, FL 33704

☐ Change ☒ Addition

TITLE D
NAME BOLTON, KEN
STREET ADDRESS 12849 - 88TH AVE. N.
CITY-ST-ZIP SEMINOLE FL 34646

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BROCKUS, HAROLD
STREET ADDRESS 4908 38TH WAY S., #205
CITY-ST-ZIP ST. PETERSBURG FL 33711

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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

RONALD E. PERROTTE, TREASURER

4/26/96

813/822-4021

CR2E037 (12/95)