FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000004575 (5) DOCUMENT #

STOP ABUSE FROM EXISTING, INC.

Mailing Address Principal Place of Business 2110 W PLATT ST 2110 W PLATT ST TAMPA FL 33606-1759 TAMPA FL 33606 Date Incorporated or Qualified 09/25/1995 06/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For APPLIED FOR 5 33801 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MUGA, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 82 2110 W PLATT ST 83 TAMPA FL 33606 84 City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE TITLE **REAL, CATHERINE W** NAME 1.2 NAME 2110 W PLATT ST 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33606** CITY - ST - ZIP 1,4 CITY-ST-ZIP Channe ■ Addition DELETE D۷ 2.1 TITLE TITLE MUGA, RICHARD D 2.2 NAME NAME 2110 W PLATT ST 2 3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33606** 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change ĎST 31 TITLE TITLE BAUMANN, JOHN P NAME 3.2 NAME 11210 N. DALE MABRY 33 STREET ADDRESS STREET ADDRESS TAMPA FL 33606 34. CITY-ST-ZIP CITY-ST-2IP DELETE Change Addition 41111LE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

1/20/67