## **\_FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P18831 **DOCUMENT #** (8)1. Corporation Name

| SINGER   | <b>ACQUISITION</b> | HO! DINGS | COMPANY     |
|----------|--------------------|-----------|-------------|
| OHIVALII | AUGUIUITIUM        | HULUHNUO  | CURVICACION |

| Principal Place  | of Business                                       | Mailing Address  |  |                          |  |                    |   |
|--|---|--|--|--------------------------|--|--------------------|---|
| 1111 N. WESTSHORE BLVD.<br>SUITE 200-A<br>TAMPA FL 33807 |   | 1111 N. WESTSHORE<br>SUITE 200-A<br>TAMPA FL 33607                     | 1111 N. WESTSHORE BLVD.<br>SUITE 200-A |                          |  |                    |   |
|  |   |  |  |                          | 3. Date Incorporated or Qualified 04/14/1988                                       |                    | e of Last Report<br>1/21/1995                   |
| 2. Principal Pla   | ace of Business                                   | 2a. Mailing Address<br>26  |  |                          | 4. FEI Number<br>06-1230713  |                    | Applied For                                     |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.  |  |                          | 5. Certificate of Status Desired   |                    | Not Applicable  \$8.75 Additional               |
| City & State   | 9   | City & State   |  |                          |  |                    | Fee Required                                    |
| 23   |   | 28]  |  |                          | 6. Election Campaign Financing Trust Fund Contribution                             |                    | \$5.00 May Be<br>Added to Fees                  |
| Zip  | Country   | Zìp  | Cour                                   | try                      | 8. This corporation has liability for  |                    |   |
| 24   | 25  <br>9. Name and Address of Curr               | 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20                        | 30                                     | ·                        | Florida Statutes Yes  10. Name and Address of New                                  | S No               | Agont   |
|  |   |  |  | B1 Name                  | TV. Walle Bild Address Of Hell   | negistered /       | Agent   |
|  | PORATION SYSTEM                                   |  | -<br> -                                | 82 Street Addi           | ress (P.O. Box Number is Not Accepta   | blo)               |   |
|  | UTH PINE ISLAND ROAD                              |  |  |                          | ress (r.o. box nomber is not Accepta   | Die)               |   |
| PLANTAT  | TION FL 33324                                     |  | į (                                    | 83                       |  |                    |   |
|  |   |  | Ī                                      | B4 City                  |  | FL                 | 85 Zip Code                                     |
| 11. Pursuant t   | to the provisions of Sections 607.05              | 02 and 607.1508, Florida Statu   | rles, the abov                         | e-named corpoi           | ration submits this statement for the puriod of directors. I hereby accept the app |                    | nging its registered office                     |
| familiar wit   | th, and accept the obligations of, Se             | ection 607.0505, Florida Statute                                       | izeo by the oc<br>is.                  | rporation's boar         | rd of directors. I hereby accept the app   | xointment as       | registered agent. I am                          |
| SIGNATURE _  | Signature, typed or printed name of registered ag | ent and little if applicable (N  | IOTF : Box stored A                    | gent signature require   | of when spiret tion  | 0.77               |   |
| 12.  |   | IND DIRECTORS  | 13.                                    | gent signature require   | ADDITIONS/CHANGES TO OF  | DATE<br>FICERS AND | DIRECTORS IN 12                                 |
| TITLE  | DPT   | ☐ DELETE   | 1.110                                  | .£                       |  |                    | DIRECTORS IN 12 Change Addition Change Addition |
| NAME   | FREEMAN, JOE B.                                   |  | 1.2 NAN                                | 1E                       |  |                    | <b>Z</b>  |
| STREET ADDRESS   | 1111 N. WESTSHORE BLVD                            | ). Suite 200-a   | 13 STA                                 | EET ADDRESS              |  |                    |   |
| CITY-ST-ZIP  | TAMPA FL  |  | 1.4 CITY                               | /- ST-ZIP                |  |                    | 32  |
| TITLE  | D   | ☐ DELETE   | 2. 1 TITI                              | .E                       |  |                    | Change Addition O                               |
| NAME   | CAIN, PAUL W.                                     |  | 2.2 NAN                                | IE                       |  |                    |   |
| STREET ADDRESS   | 1111 N. WESTSHORE BLVE                            | ). SUITE 200-A   | 2.3 \$TR                               | EET ADDRESS              |  |                    |   |
| CITY-ST-ZIP<br>TITLE                                     | TAMPA FL<br>D                                     | C) DELETE  |  | ·-ST-ZIP                 |  |                    |   |
| NAME   | Gardner, Stephen K.                               | ☐ DELETE   | 3. 1 T(T)                              | į                        |  | L                  | Change  Addition                                |
| STREET ADDRESS   | 1111 N. WESTSHORE BLVE                            | SHITE 200LA  | 3.2 NAM                                |                          |  |                    |   |
| CITY-ST-ZIP  | TAMPA FL  | . OUIL EUU'N   |  | EET ADDRESS              |  |                    |   |
| TITLE  | \$  | ☐ DELETE   | 4 1 TITU                               | '-S1-ZIP<br>.E           |  |                    | Change Addition                                 |
| NAME   | COOLEEN, JOHN P                                   | _  | 4.2 NAM                                |                          |  |                    |   |
| STREET ADDRESS   | 1111 N. WESTSHORE BLVD                            | ). SUITE 200-A   | 4.3 STRI                               | EET ADDRESS              |  |                    |   |
| CITY-ST-ZIP  | TAMPA FL  |  | 4.4 CITY                               | - ST - ZIP               |  |                    |   |
| TITLE  | AS  | ☐ DELETE   | 5. 1 TITL                              | F                        |  |                    | Change  |
| NAME   | TERENZI, JANET                                    | OUTE AAA 1   | 5.2 NAM                                | E                        |  |                    |   |
| STREET ADDRESS   | 1111 N. WESTSHORE BLVD                            | . SUITE 200-A  | 5.3 STRE                               | ET ADDRESS               |  |                    |   |
| CITY-ST-ZIP  | TAMPA FL  | F''s per eve   |  | - ST- ZIP                |  |                    |   |
| TITLE  |   | ☐ DELETE   | 6. 1 TITL                              |                          |  |                    | Change Addition                                 |
| NAME<br>express annuaces                                 |   |  | 6.2 NAM                                |                          |  |                    |   |
| STREET ADDRESS   |   |  |  | ET ADDRESS               |  |                    |   |
| 14. I do hereby  | certify that the information supplied             | d with this filing is voluntarily fun                                  | 64 CITY<br>nished and do               | ope not qualify for      | or the exemption stated in Section 119   | 07/3\/k\ Flori     | ida Statutes I furthor                          |
| oath; that I   | am an officer or director of the corr             | riuai report or suppiemental ann<br>poration or the receiver or truste | iual report is i                       | in le and accurat        | te and that my signature shall have the<br>s report as required by Chapter 607, FI | pama labal a       | offeet on if mede under                         |
| appears in   | Block 12 or Block 13 if charged, o                | r on an attachment with an add   | ress.                                  | _ ,5 0,500016 tills<br>[ | I •  | unua oktiule       | o, and that my hame                             |
| SIGNAT   |   | OR PRINTED NAME OF SIGNAL OFFIC  | 2FG binecto                            | )<br>A                   | 3   13   46  | 813                | V4 8887   |