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**PROFIT** CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # PONGOS

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Principa' Place 1920 HWY 301 TAMPA FL 336	N.	Mailing Address 1920 HWY 301 N. TAMPA FL 33619	/· • • • • • • • • • • • • • • • • • • •					
					3. Date Incorporated or Qualified 08/23/1988		of Last Re	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 72-6021425		Δ	pplied For lot Applicable
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	П		Additional
City & State		City & State						lequired
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Zip 4	Country 25	Ζφ [ <b>29</b> ]	Country	y	8. This corporation has fiability for Florida Statutes	r intangible tax	under s	199.032,
<u></u>	9. Name and Address of Curre	kalada arras waxaan ar a ah			10. Name and Address of New		gent	
LEBOUEF, GENE 1920 U.S. HWY. 301 NORTH			81	Name				
			82	Street Addr	ress (P.O. Box Number is Not Accepta	able)		
TAMPA F			83	<u> </u>				
			84	l City			<b>85</b> Zip	Code
			• •	1 0,		FL	55   55	0000
<ol> <li>Pursuant to or registere familiar with</li> </ol>	o the provisions of Sections 607.050; ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	2 and 607.1508. Florida Statuti ida. Such change was authoriz tion 607.0505. Florida Statutes	es, the above- ed by the corp	harned corpor poration's boar	ration submits this statement for the pure difference of directors. I hereby accept the app	umose of chao	ging its re egistered	egistered office agent. I am
or registere familiar with SIGNATURE.	ed agent, or both, in the State of Flori h, and accept the obligations of, Soc Signature trued or printed name of registers Jazza OFHCERS AN	ida, Such change was authoriz tion 607,0505, Florida Statutes taut truitagenes (N2 ID DIRECTORS	ed by the corp.  TE Registered Age  13.	named corpor poration's boar et synature requires	rd of directors. I hereby accept the app	urpose of chang pointment as re DATE	egistered DIRECTOR	agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR