FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

Table Min. Section Name Table Tabl	1. Corporation N		4 (8)			1 10 8 10 8 110 110 110	IDE BERNI RIANI RIBU RIANI DIANI BERNI NADI
TAMPA FL 38819	Principal Place of Business		Mailing Address	Mailing Address			
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2. Principal Protect of Business 2. Advising Appliess 2. Advis						,	
Site, Act. A. etc. Site, Act. A. etc. Site, Act. A. etc. Site, State Site, Sta	2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applied For
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City & State City & State City & State City & State Country Zity Z		etc.	· · · ·			5. Certificate of Status Desired	1 1
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LEBOUEF, GENE 1920 US. HWY. 301 NORTH TAMPA FL 33619	24			130]			
1920 U.S. HWY. 301 NORTH TAMPA FL 33619 84			<u>-</u>	81	Name		
1920 U.S. HWY. 301 NORTH TAMPA FL 33619 83 94 Cdy FL 85 ZPD Code TL Pursion to the provisions of Sections 607 D502 and 607 1508. Finitial Statutes, the abbotic named corporation sutures this statement for the purpose of changing its registered agont, or both, in the State of Brinds. Skich change was authorized by the corporation's board of directors. I novely accept the apparation as registered agont, or both, in the State of Brinds. Skich change was authorized by the corporation's board of directors. I novely accept the apparation as registered agont, or both, in the State of Brinds. Skich change was authorized by the corporation's board of directors. I novely accept the apparation as registered agont, or both, in the State of Brinds. Skich change was authorized by the corporation's board of directors. I novely accept the apparation as registered agont, or both, in the State of Brinds. Skich change was authorized by the corporation's board of directors. I novely accept the apparation as registered agont, or both, in the State of Brinds. Skich change was authorized by the corporation's board of directors. I novely accept the apparation and accept the accept the apparation and accept the accept the apparation and accept the accept t	LEBOUEF,	GENE		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)
11. Pursuant to the provisions of Sections 607 C002 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of charging its registered office registered agent, or both, in the State of Florida Such change was authorized by the componition's board of directors. I horeby accept trie appointment as registered office refined by the componition's board of directors. I horeby accept trie appointment as registered office refined by the componition's board of directors. I horeby accept trie appointment as registered office refined by the componition's board of directors. I horeby accept trie appointment as registered office agent. I am tending the provision of the provision			•				
THE PROBLEM TO the provisions of Sections 607.0502 and 607.1508. Florida Statutes the above named corporation submits this statement for the purpose of changing its registered office and such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office familiar within, and accept the obligations of, Section 607.0506, Tendas Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS SIGNATURE 12. OFFICERS AND DIRECTORS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS IN 12. 15. THE PO	TAMPA FL	. 33619		83	9		
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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 607, Florida Statutes; and that my name	certify that t	the information indicated on this an	nual report or supplemental annu	ual report is t	rue and accur	ate and that my sionature shall have the	same legal effect as if made under

ED NAME OF SIGNING OFFICER OR DIRECTOR