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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	D	Secretary o IVISION OF COF		3			
DOCU 1. Corporation	JMENT # P350	085	(0)					
	AN FOWLER AVENUE RE	ALTV CODD	` '					
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Principal Plac	ce of Business	Mailing Addr	ess	···			i din bibli quan qidi.	6/11   P(6) 1/10   184
11540 HWY 92 EAST 11540 HWY 92 EAST								
SEFFNER F	FL 33584	SEFFNER				}		
US		US				2 Date to		
						3. Date Incorporated or Qualified 08/14/1991	3a. Date of Las 04/10/	
	Place of Business	2a. Mailing A	ddress			4. FEI Number	1 04/10/	· · · · · · · · · · · · · · · · · · ·
21		26				59-3053572	-	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Ap	t. #, etc.				SR	75 Additional
City & Stat	to	[27]	<del></del>	~		5. Certificate of Status Desired		ee Required
23		City & Sta	nte			6. Election Campaign Financing	5 \$5	.00 May Be
Zιρ	Country	Z(f)	<del>-</del>	Country		Trust Fund Contribution	L Ac	ided to Fees
24	25	29	30	Country		This corporation has liability for in Florida Statutes Yes	ntangible tax unde	rs 199.032,
	9. Name and Address of Cu	rrent Registered Age	nt	· [ · · · · · · · · · · · · · · · ·		10. Name and Address of New Re	L_INO	
				81 Na	ime		grotorou Agent	
	, DAVID A.			82 St	reet Addre	ss (P.O. Box Number is Not Acceptable		
	JDNICK & WOLFE				cot / loaro	35 ( TO: Box Number is Not Acceptable	θ)	
TAMBA	ST KENNEDY BLVD., SUITE 2	2000		83				
IAMPA	FL 33602-5133			<b>84</b> Cit	v			
11 Pursuant	to the provisions of Sections 607.0	1000 - 1000 - 1000 -		1 1	•		FL  85	Zip Code
or register	red agent, or both, in the State of F	lorida Such change w	rida Statutes, the as authorized by i	above-name the corporation	id corpora on's board	tion submits this statement for the purp	ose of changing in	is registered office
SIGNATURE	an, and accept the obligations of, S	50000n 607.0505, Florid	la Statutes.			tion submits this statement for the purp of directors. I hereby accept the appo	iniment as register	ed agent. ram
	Signature, typed or printed name of registered a	tyen" and title if applicable.	NOTE: Regi	stirred Agent signa	ture maniford	Above principalities		
12.	OFFICERS	AND DIRECTORS		13.	- redained	ADDITIONS/CHANGES TO OFFIC	DATE DEES AND DIDECT	TOPS IN 30
TITLE	PCD		ELETE	1. 1 TITLE			Chang	
NAME	PLANCHER, KEVIN			1.2 NAME	-			
STREET ADDRESS	11540 HWY EAST SEFFNER FL		1	1.3 STREET ADDRI	iss			]
CITY - ST- ZIP TITLE	VD		f. c.z.c	1 4 CITY- ST- ZIP				ļ
NAME	FINKEL, JEFFREY	Пο		1 TITLE			☐ Chang	e Addition
STREET ADDRESS	11540 HWY 92 EAST			2.2 NAME				
CITY-ST-ZIP	SEFFNER FL			2.3 STREET ADORE	:\$\$			
TITLE	\$	D		4 CITY-ST-ZIP				
NAME	STEIN, LEWIS			.2 NAME			Chang	e 🗋 Addition
STREET ADDRESS	11540 HWY 92 EAST			.3 STREET ADDR	ss			
CITY-ST-ZIP	SEFFNER FL		3	4 CITY - ST-ZIP	i			]
IITLE		DI		. 1 TITLE	V ±	ce Presidert	Change	Addition
IAME			4	.2 NAME	Sc	hwartz, Larry		
STREET ADDRESS				.3 STREET ADDRE	ss   11	540 Highway 92 East		
ITY-ST-ZIP ITLE	/	F 3 No	4	4 CITY - ST - ZIP	Se	effner, FL 33584		_
IAME		D8		1 TITLE			☐ Change	Addition
TREET ADDRESS				2 NAME				1
ITY-ST-ZIP				3 STREET ADDRES	SS			
ITLE			\ F.7.	4 CITY - ST - ZIP 1 TITLE			Proj. A.	
AME		_,	I -	2 NAME			Change	Addition
TREET ADDRESS				3 STREET ADDRES	ss			
ITY-ST-ZIP				4 CHTY-ST-ZIP	-			

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 appears in Block 12 or Block 12 if changes for on an attachment with an address. SIGNATURE: July July July Stein, Secretary APR 2.5 1996 (813) 623-5400