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

PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra 8 Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P92000006502 (8)

DOCUMENT #

1. Corporation Name

RESTRUCTURE, INC.

RESTR Principal Place of 205 S. HOOV		Mailing Address	····						
STE. 101		P.O. BOX 20153 Tampa Fl 33622-0	153						
TAMPA FL 33609 US									
						3. Date 19720/1992 Qualified	3a. Date	14/28/1	1995
Principal Place of Business		2a. Mailing Address 26			4. FEI Numb 3227948	Applied For Not Applicable			
Suite, Apt. #, (etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	6	•	5 Additional Required	
City & State		City & State			6. Election Campaign Financing		-	0 May Be	
3 Country		Zip Country			Trust Fund Contribution 8 This corporation has liability for it	ation has liability for intangible tax under s 199.032,			
4	25]	29	30			Florida Statutes Yes		Cunder S	188.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	gent	***************************************
CECCAP	RELL, JACK J ESQ			81	Name				
	HOOVER STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
STE. 10				83			·······························		,
IAMPA I	FL 33609			84	City			10-1 -	- 0-4-
-					,		FL	1 1	ip Code
 Pursuant to to registered familiar with, 	the provisions of Sections 607.0502 i agent, or both, in the State of Florida and accept the obligations of, Section	and 607.1508, Florida Statu a. Such change was auth orl in 607.0505, Florida Statu te	tes, the abo zed by the o s.	ve-na corpo	amed corpora ration's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of char pintment as i	nging its i egistered	registered office diagent. Lam
SIGNATURE	***		Margar 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						
12.	OFFICERS AND DIDECTORS			istered Agent's greature required when reinstatings CATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					DO IN 10
TITLE		DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	CECCARELLI, JACK 205 S. HOOVER ST., STE. 1	04	1.2 N	AME			_	,	
STREET ADDRESS	TAMPA FL	וטו	1.3 ST	REET A	ADDRESS				
CITY - ST - ZIP	-DS			1.4 CITY-ST-ZIF					******
TITLE	CECCARELLI, JANET S	DELETE] Change	Addition
NAME	1406 MOSS LADEN CT.			2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP					
STREET ADDRESS	BRANDON FL								
CITY-ST-ZIP TITLE	DVP TO DELETE			TLE	- ZIP		- -	Change	Addition
NAME	CECCARELLI, H. J		3.2 N/		-		L.,	Louange	
STREET ADDRESS	219 BLOOMFIELD DR.				ADDRESS				
CITY - S1 - ZIP	W. PALM BEACH FL		3.4 01	TY-ST	-2IP				
TOLE	DIPAULA, GINA H	DELETE	4.17					Change	Addition
NAME	603 WHISPERING PINES BL	vn	4.2 N	\ ME					
STREET ADDRESS	INVERNESS FL	10.	4.3 S1	REET A	NDORESS		n en en e	(2)	•
CITY-S1-ZIP		DELETE		TY-ST	-ZIP	30000180 -05/01/96011	1001 121 8	⊃ 4	
Ille		DELETE	5.17			***208.75	or Ap	Change	Addition
NAME CONTRACTOR			5.2 N/			wanting to			
STREET ADDRESS CITY-ST-ZIP					ADDRESS				
TITLE		DELETE	5.4 CI	TLE	- 211			Change	[] Addition
NAME		Image of the second	6.2 N/				L	, which igo	~ ~
STREET ADDRESS		_			DDRESS				CASAD
CITY-ST-7IP	. ,			TY-ST					5-1-96
certify that the oath; that I a	perity that the inform tion surplied when information indicated on this annual man officer or director of the corporation 12 or Block 12 or Block 13 if changed and or	report or section nental and tion or truster	nished and nual report is se empower	done	not ounlifu fo	or the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 607, Fic	07(3)(k), Flori same legal e rida Statute	da Statut ffect as it	ies. I further f made under at my name

SIGNATURE:

SACK CeccARe/.

4-24-96 (813) 281-9082

CR2E034 (12/9