

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

DOCUMENT # P93000017320 (1)

1. Corporation Name

MEMBER ADVANTAGE SERVICE CORPORATION-TAMPA BAY



Principal Place of Business

Mailing Address

3016 U S HWY 301 N.
SUITE 900
TAMPA FL 33619

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SUITE 900
TAMPA FL 33619

3. Date Incorporated or Qualified

03/01/1993

3a. Date of Last Report

04/04/1995

4. FEI Number

59-3170529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

☐ Yes

☐ No

21. 6487 PARKLAND DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26. 6487 PARKLAND DRIVE
Suite, Apt. #, etc.

22. City & State

23. SARASOTA FL

24. Zip

Country

27. City & State

28. SARASOTA FL

29. Zip

Country

9. Name and Address of Current Registered Agent

PIANO, SANDRA J
3720 72 AVE EAST
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant 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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTS
NAME PIANO, SANDRA J
STREET ADDRESS 3720 EAST 72 AVE
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE D
NAME PIANO, ANTHONY C
STREET ADDRESS 3720 EAST 72 AVE
CITY-ST-ZIP SARASOTA FL

☐ DELETE

TITLE ASD
NAME JESSON, LAWRENCE
STREET ADDRESS N-109 W 18690
CITY-ST-ZIP GERMANTOWN WI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE ASD
3.2 NAME JESSON, LAWRENCE
3.3 STREET ADDRESS 7514 38th Street Circle East
3.4 CITY-ST-ZIP SARASOTA, FL 34243

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)