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 # **P93000021967 (3)**

1. Corporation Name

ROPE ENTERPRISES OF TAMPA, INC.

Principal Place of Business	Mailing Address
4036 PRIORY CIR TAMPA FL 33624	4036 PRIORY CIR TAMPA FL 33624

3. Date Incorporated or Qualified: **03/24/1993**
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / 24: — County / 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip / 29: — Country / 30:

4. FEI Number: **59-3178064** ☐ 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

9. Name and Address of Current Registered Agent

PERDOMO, ROBERT H
4036 PRIORY CIR
TAMPA FL 33624

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 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	PERDOMO, ROBERT H		12 NAME	
STREET ADDRESS	4036 PRIORY CIR		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624		14 CITY ST ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MICCICHE, DEBRA P		22 NAME	
STREET ADDRESS	5020 PENNSBURY DR		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624		24 CITY ST ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MCCULLERS, STACIE P		32 NAME	
STREET ADDRESS	14602 VILLAGE GLEN DR		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624		34 CITY ST ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	PERDOMO, PAULINE C		42 NAME	
STREET ADDRESS	4036 PRIORY CIR		43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624		44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 above, if applicable, or on an attachment with an address.

SIGNATURE: Robert H. Perdomo Pres 3-25-96 813-962-3542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Robert H. Perdomo

CR2E034 (12/95)