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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTIMENT OF STATE Sandra B. Wortham

	1996		retary of State OF CORPORATIONS		
DOCU 1. Corporat	JMENT # P9300	0028424 (8	3)		
	MUNICATIONS, CONSULTIN	•	-		
1		~ ~ WHATIVE I HINGS, IN	0.	I PARLITAGE DER TANDA GERIE ANDER AN	III AANI BANG HAAT MUU ANDO MANA MUU MAG
Principal Pla	ice of Business	Mailing Address			
	CKY POINT DR.	2701 N. ROCKY POIN	IT DR		ter aurer gabile 1960t tolle Albild Dibil (0)Di 9001
SUITE 630 TAMPA FL	33607	SUITE 630 TAMPA FL 33607			
				3. Date Incorporated or Qualifie	d 3a. Date of Last Report
	Place of Business	2a. Mailing Address		04/16/1993 4. FEI Number	05/01/1995
Suite, Apr	t. #. etc.	26		59-3176959	Applied For Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Orty & Sta 23	ite	City & State		6. Election Campaign Financing	Fee Required
Zip	Country	28	- <u> </u>	Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	Country 30	This corporation has liability for Florida Statutes	r intangible tax under s 199.032,
	9. Name and Address of Currer	nt Registered Agent		10 Name and Address at	S No Registered Agent
EVANGE	ER, SUSAN J		81 Nam	Plarence V. Moke	
2701 N	ROCKY PT DR		82 Stree	et Address (P.O. Box Number is Not Accepta	
9/E 630			83 - 7	DI NO. ROCKY Pt. Dr.	Ste 630
IAMPA	FL 33607		84 Gity		
11. Pursuant	to the pressions of Sections 607 0557	and 607 1509 Florida Oast		iampa	FL 85 Zip Code
or registe familiar w	red agent or both, in the State of Floric ith and account of Joligatic Frot. Section	da. Such change was authoriz on 607.0505, Florida Statutes	es, the above-named red by the corporation	corporation submits this statement for the pi 's board of directors. I hereby accept the api	irpose of changing its registered office
SIGNATURE		The state of the s	Chrence 1	. I on 11	4
12.	Signature, typed or printed harrie of registered agent. OFFICERS AND	and the if applicable (NO	TE Registered Agent signature	required when reinstating)	H-25-94
TITLE	DCT	DELETE	13.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12
NAME OTRECT LOGGE	MCKEE, CLARENCE V		1.2 NAME	211	Change Addition
STREET ADDRESS CITY-ST-ZIP	2701 N ROCKY PT DR, STE 63 TAMPA FL	30	1.3 STHEET ADDRESS		
TITLE	DPCS	DELETE	1.4 CITY-SI ZIP	33607	
NAME	WESTERBERG, JOHN D	- (2 1 TITLE 22 NAME	Corpline / Dul.	Change Addition
STREET ADDRESS	2701 N ROCKY PT DR, STE 63	30	23 STREET ADDRESS		.Stel30
CITY-ST-ZIP TITLE	TAMPA FL EVPC		24 CITY-S -ZIP	Tampa, FL 3360	_*
IAME	COOPER, TERRY	DELETE	3. 1 TIME	1 3 1 5 100 00	Change Addition
STREET ADDRESS	2701 N ROCKY PT DR, STE 6	30	3.2 NAME 3.3 STHEET ADDRESS	!	
ITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		•
ITLE IAME	AS EVANGED CLICAN	DELETE	4. 1 TITLE		Change Addition
TREET ADDRESS	EVANGER, SUSAN 2701 N ROCKY PT DR, STE 63	^	4.2 NAME		CT Avenue TT MODILION
1TY- ST- ZIP	TAMPA FL	U	4.3 STREET ADDRESS		
TLE		DELETE	4.4 C(1)Y-ST-2(P 5-1 TITLE		
AME			5.2 NAME	00000195	Change Addition
TY-ST-ZIP			5.3 STREET ADDRESS	00000185 -06/07/96010	12043
ILE		DELETE	5.4 CITY - ST - 7IP	***200.00	
ME		occur	6 1 TITLE 6.2 NAME	-	Change \ Coling
REET ADDRESS			6.3 STREET ADDRESS		(////
Y-ST-ZIP	certify that the information aunalisate in		6.4 C(1Y-S1-Z)P		J 12

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 Statuted 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 13 if changed at on an attachment with an address.

SIGNATURE:

PATENCE V. McKee, President

4-25-96