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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporatio	MENT # P930(INC. OF FLORIDA	00028731	(6)		
DATOR	ICINI, 1140. OF FLORIDA			 	
Principal Piace of Business 101 E. KENNEDY BLVD. SUITE 2900 TAMPA FL 33602		Mailing Address 101 E. KENNEDY BLVD. SUITE 2800 TAMPA FL 33602			
				Date Incorporated or Qualified	
				04/20/1993	02/08/1995
2. Principal Place of Business		2a. Mailing Addre	SS	4. FEI Number	Applied For
[21]		26		·58*1486076 58-2	2/47966 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		A Flooring Constant	Fee Hequired
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability fo	Added to Fees
24	25	29	30		os No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New	Registered Agent
MULLIS, HAROLD W JR. 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA FL 33602			 81 Name 82 Street A 83 84 City 	Address (P.O. Box Number is Not Accepta	able) 85 Zip Code
SIGNATURE	Signative, typicd or printed name of right breading	ा अन्य प्रकार समृद्धि स्था	Statutes, the above named couldhorized by the corporation's latutes. [MO'L Registered Agent signal rules.]	rporation submits this statement for the proporation submits this statement for the proporation of directors. Thereby accept the appropriate the properties to instate of	urpose of changing its registered office pointment as registered agent. I am
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	, –	☐ DELET	t 1 ' TITLE		☐ Change ☐ Addition
NAME CIRCL ADDRESS	FOLEY, ROBERT A 101 E. KENNEDY BLVD., ST	E 0000	1.2 NAME		
STREET ADDRESS CITY-ST-ZiP	TAMPA FL 33602	E. 2000	1.3 STREET ADDRESS		
TITLE	17441 A 1 E 33002	DELET	1 4 CITY - ST - ZIP		
NAME					Change Addition
STREET ADDRESS			2.2 NAME		
CHTY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		DELET	2 4 C/TY - ST - 7/P 3 1 T/TLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		i
CiTY - ST - 7IP			3.4 CITY - ST - ZIP		
THILE		DELET			☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
THILE		☐ DELET			☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CHY-ST-ZIP		
TITLE		DELFTE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
City or to 1					l l

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is vountarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ki). Florida Statutes. I further certify that the information indicated on this arrival 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 appearance with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dispute Proce #