SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000028876 (9)

TIME WAS' CULTURE CENTER, INC. Principal Place of Business Mailing Address]			
Principal Place of Business 5775 S ROVAN POINT LECANTO FL 34461		5775 S ROVAN POINT LECANTO FL 34461						
						3. Date incorporated or Qualified 04/20/1993	3a. Date of Last Report 10/25/1995	
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number	Applied For	
]		26	26			59-3175337	Not Applicabl	
Suite, Apt. #, etc		Suite, Apt #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	30	ountry		8. This corporation has liabulty for Florida Statutes	intangible tax under s 199 032 Yes No	
25 29 30 9. Name and Address of Current Registered Agent				T		10. Name and Address of New Registered Agent		
·				81	Name			
KIERZYNSKI, MICHAEL J				82 Street Address (P.O. Box Number is Not Acceptable)				
5143 COMMERCIAL BLVD					Street Michiess (1.0 Box 10 Bo			
SPR	IING HILL FL 34606			83				
				84	City		85 Zip Code	
					1 ′		FL 63 E 603	
agent I an	igistered agent, or pore, in the state n familiar with, and accept the oblig	gations of, Section 607.050	5 Florida S	tatutes	5	poration submits this statement for the ion's board of directors. Thereby accepted with the control of the cont	DAIL	
Signature type for protestness of the protest and the claps state Signature type for protestness of the protest and the claps state OFFICERS AND DIRECTORS			1	13.		ADDITIONS/CHANGES TO OFF		
TITLE	D	DELE	TE 1	1 TITLE			Change Addit	
NAME	DESHAZO, MICHAEL G		1	.2 NAME				
STREET ADORESS	5775 S ROVAN POINT			.3 STREE	T ADDRESS			
CITY-ST-ZIP	LECANTO FL 34461		1 1	4 CITY	SI - ZIP			
TITLE	CLOANIO I C 01101	DELE	DELETE 211				Change Addi	
NAME			2	2 NAME				
STREET ADDRESS			. 2	3 STREE	1 ADDRESS			
CITY - ST - ZIP			2	4 CITY	-S1-7P		Change Add	
TOLE		DELETE 3		3 1 HILE			Change Add	
NAME] :	3 2 NAME	:			
STREET ADDRESS			1	3 STRE	EL ADDRESS			
CITY-ST-ZIF				34 CITY	-ST-ZIP		Change Add	
TITLE		DELE	TE.	4.1 TITLE			Change Add	
NAME			.	4 2 NAM	ie			
STREET ADDRESS			1	4 3 STHE	ET ADDRESS			
CITY-ST-ZIP				4.4 CITY	- S1 - ZIP			
11716	 	DELI	ETE	5 1 TITLE			Change Add	

6 4 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)(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 discretion of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Blog. 12 or Blog. 13 if changed, or on an attachment with an advices

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CHTY - ST - ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

7-26-96 Digital Promise

Change Addition

CR2E034 (3/96)