## 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

**DOCUMENT #** 

P93000036556 (7)

| Principal Place of                      | т.                            | Maling Address                         |                       |                                |  |   |
|---|-------------------------------|--|-----------------------|--------------------------------|--|---|
| DUNEDIN FL :<br>US                      | 34698                         | Dunedin FL 34698<br>US                 |                       |                                | 3. Date Incorporated or Qualified  | 3a. Date of Last Report                     |
|   |                               |  |                       |                                | 05/17/1993   | 04/11/1995                                  |
| 2. Principal Place of Business          |                               | 2a. Mailing Address<br>26              |                       | 4. FEI Number 59-3181820       | Applied For<br>Not Applicab  |   |
| Suite, Apt. #, etc.                     |                               | Suite, Apt. #, etc.                    |                       | Certificate of Status Desired  | \$8.75 Additional  |   |
| City & State                            |                               | City & State                           |                       | 6. Election Campaign Financing | Fee Required  \$5.00 May Be  |   |
| 3                                       |                               | 28                                     |                       | Trust Fund Contribution        | Added to Fees  |   |
| Zip Country 25                          |                               | Ζιρ<br><b>29</b>                       | Country 30            |                                | 8. This corporation has liability for Florida Statutes   | intangible tax under s. 199.032,            |
|   | 9. Name and Address of Curren |  |                       |                                | 10. Name and Address of New F  | Registered Agent                            |
|   |                               |  | 81                    | Name                           |  |   |
|   | a, larry<br>Lencia Lane e.    |  | 82 Street Ad          |                                | ess (P.O. Box Number is Not Acceptab   | hle)  |
|   | ARBOR FL 34684                |  | 83                    | i                              | ALL BUILDING TO THE STATE OF TH |   |
| **********                              |                               |  | 84                    | City                           | MARIEM ST. C.  | 85 Zip Code                                 |
|   |                               |  |                       |                                | ration submits this statement for the pu   | FL   T                                      |
| <b>2.</b><br>TLE                        | P                             | D DIRECTORS                            | 13.<br>1. 1 Talle     |                                | ADDITIONS CHANGES TO OFF   | FICERS AND DIRECTORS IN 12  Change Addition |
| AMÉ                                     | LARRIOLA, LARRY               | ABRIOLA, LARRY<br>001 VALENCIA LANE E. |                       |                                |  | [] Citalige   Madilio                       |
| TREET ADDRESS                           | 5001 VALENCIA LANE E.         |  |                       | I ADDRESS                      |  |   |
| TY-ST-ZIP                               | PALM HARBOR FL<br>ST          | ☐ DELETE                               | 1401'Y-<br>2 11thte   |                                |  | ☐ Change ☐ Addition                         |
| TLE                                     | Labriola, Joan                | <del>-</del>                           |                       |                                |  |   |
| REET ADDRESS                            | 5001 VALENCIA LANE E.         |  | 23 STREE              | 1 ADDRESS                      |  |   |
| TY-ST-2IP                               | PALM HARBOR FL                |  |                       | ST-ZIP                         |  | Change  Addition                            |
| TLE                                     | ☐ DEFELE                      |  | 3 1 TBLE<br>32 NAME   | 3 Y INCE                       |  | Criange Addition                            |
| REET ADORESS                            |                               |  |                       | ET ADDRESS                     |  |   |
| TY-ST-ZIP                               |                               |  | 3 4 C(1)              |                                |  | F10 F3                                      |
| TLE .                                   | DELETE                        |  | 4 1 111L5<br>4 2 NAME | 1                              |  | Change Addition                             |
| AME<br>TREET ADDRESS                    |                               |  |                       | L ADDRESS                      |  |   |
| TY - ST - ZIP                           |                               |  | 4.4.C+1Y-             |                                |  |   |
| 1LF                                     |                               | _                                      |                       |                                |  | Change Addition                             |
| AME                                     |                               |  | 5.2 NAM6              |                                |  |   |
| TREET ADORESS<br>ITY-ST-ZIP             |                               |  | 53 SIME               | ST-ZiP                         |  |   |
| TLE                                     |                               | ☐ DEFELE                               | 6 าไปเค               |                                | ,  | Change Addition                             |
|   |                               | •                                      | 6.2 NAME              |                                |  |   |
| -AMC                                    |                               |  | 0.05765               |                                |  |   |
| IAME<br>TREET ADDRESS<br>TTY - ST - ZIP |                               |  | 6.4 CITY              | T ADDRESS                      |  |   |

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

813 7384409

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CR2E034 (12/95)