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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	REPORT 96	Secretary DIVISION OF CO	of State		
DOCUME 1, Corporation Nar	me	050729 (1)			
50TH STR	EET, TAMPA LAND DEVE	LOPMENT CORPORAT	ION) (#8)(180) FIR (8)(8) NILLA #8(1) 83(4)	4 A A 111 7410 A 1314 A 2411 1751 1871 1871
14905					
Privcipal Place of E	Business	Mailing Address			i Alliki kaiai anisi aliisi sadia masa sam saas
34TH ST. S.	4905	34TH ST. S.			
SUITE 331 SUITE 331 ST. PETERSBURG FL 33711 ST. PETERSBURG F			1		
US		ÜS		3. Date Incorporated or Qualified 07/15/1993	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Maling Address		4. FEI Number	Applied For
n		26		59-3192333	Not Applicable
Suite, Apt. #, et	tc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country 30	This corporation has liability fo Florida Statutes	r intangible tax under si 199.032, si ⊠ No
24	25 Name and Address of Current	4771	30	10. Name and Address of New	
	g. Harrie dila radioso di con		61 Name		
LINTON, NO	ORNAM J		82 Street	Address (P.O. Box Number is Not Accepta	able)
4275 34TH					
ST. PETERS	SBURG FL 33711		83		
~ 4903	S		84 City		E1 85 Zip Code
1		and FO7 1509 Florida Statutes	the above named o	corporation submits this statement for the p	urpose of changing its registered office
or registered	agent, or both, in the State of Florid	a. Such change was authorized	by the corporation's	corporation submits this statement for the p is board of directors. I hereby accept the ap	póintment as registered agent. I ani
	and accept the bollgations of, besti-				
SIGNATURE	nature, typed or printed name of registere Lagrid.		Registered Aport signature		THICERS AND DIRECTORS IN 12
12.	OFFICERS AN:	DELETE	1 1 THUE	ADDITIONS/CHANGES TO O	Change Addition
1,1126	LINTON, NORMAN	Section	1.2 NAME		
	4235 34TH ST. S. #311		1.3 STREET ADORESS		
	ST. PETERSBURG FL 33711		1 4 C+1Y - ST - ZIF		
TITLE		DELFTE	2 1 11 1 1 5		Change C Addition
NAME	- 4 9 05		2.2 NAME		
STREET ADDRESS	-		2.3 STREET ADDRESS	5	
CiTY - ST - ZiP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE		☐ percir	3.2 NAME		
NAME OTOGET ADDRESS			3.3 STREET ADDRES	s	
STREET ADDRESS			34 CHY-ST-ZIP		
CITY-SI-ZIP TITLE		☐ DELÉTE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	S	
CITY - ST - ZIP			4.4 CITY - ST - 7/P		Change Addition
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS	5	
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITE	_	Change Addition
TITLE		- Otten	6.2 NAME		<u></u>
MAINE			· · · · · · ·	1	

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 director of the corporation or the receiver or trusted 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 an an attachment with an address.

SIGNATURE:

6.3 STREET ADDRESS

6.4 City - ST - ZiP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)