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

Sulte, Apt. #, etc.	DOCUN 1. Corporation	//ENT # P93000	056712 (1)				
Principal Place of Business Mailing Address 4802 (LONDONDERY) PRIVE TAMPA FL 35847	CALTAM	I, INC.					
TAMPA FL 33647 TAMPA FL 33647	Principal Place of Business Mailing Address						1811 86161 61118 81111 1968! 11818 1181 (68)
2, Principal Place of Business 2a, Mailing Address 2a, Maili							
Sulfe, Apt. 4, etc. City & State Zip Country Sup Country Sup Sup Country Sup Sup Sup Sup Sup Sup Sup Su					· · · · · · · · ·	08/09/1993	04/20/1995
Sulle, Apt. #, etc. 27 Sulle, Apt. #, etc. 28 Street Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607 0602 and 607 1508, Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. Such other go was subhotical by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Signature, the provisions of Sections 607 0602, Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. Such other go was subhotical by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Signature, the appointment a		ce of Business					<u> </u>
City & State Ci		t. etc.					\$8.75 Additional
28			—			5. Certificate of Status Desired	
28 29 30 Florida Statutes To Name and Address of Current Registered Agent 10. Name and Address of New Reg	······································		 			· -	
9. Name and Address of Current Registered Agent JURGENSMEIER, GEORGE A 4802 LONDONDERRY DR. TAMPA FL 33647 82 Street Address (P.O. Box Number is Not Acceptable) 83	 , ·	Country	<u></u>	~ ´	,		
JURGENSMEIER, GEORGE A 4802 LONDONDERRY DR. TAMPA FL 33647 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byted or preted name of registered agent and life if applicable. NOTE Registered Agent separate neoured when rendering DATL.	24			0			
JURGENSMEIER, GEORGE A 4802 LONDONDERRY DR. TAMPA FL 33647 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hybrid or pretod remote registered agent and their explicable. NOTE Registered Agent signature required when referenting. DATE SIGNATURE Signature, hybrid or pretod registered agent and their explicable. NOTE Registered Agent signature required when referenting. DATE SIGNATURE SIGNATURE SIGNATURE SIRRET ADDRESS CITY-S1-ZP TITUE DATE DELETE 1.1 TITUE DATE Change Addition JURGENSMEIER, EDNA G 4802 LONDONDERRY DR 1.3 STREET ADDRESS CITY-S1-ZP TAMPA FL 33647 1.4 CITY-S1-ZP TAMPA FL 33647 1.4 CITY-S1-ZP DATE Change Addition Addition Addition Addition Addition Addition Addition SIRRET ADDRESS CITY-S1-ZP TITUE DATE Change Addition		9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New F	tegistered Agent
TAMPA FL 33647 B4						Idress (P.O. Box Number is Not Acceptate	ole)
### City ### State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. #### Signulure, typed or printed name of registered agent and like happlicable. NOTE Registered Agent signalure required when recording! DATE 12.					ļ		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP	TAMPA FL 33647						
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature required when reinstating) DATE	or registere	ed agent, or both, in the State of Florida	a. Such change was authorized b	he above- by the corp	named corp oration's bo	poration submits this statement for the purporation directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DELETE 1.1 TITLE	SIGNATURE _						CAT
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CITY-ST-ZIP 54 CITY-ST-ZIP				P .			

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 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 12 or

6. 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - 2IP

SIGNATURE:

THILE

NAME

STREET ADDRESS

DELETE

Change

Addition