FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

A ROBERTOR DE CENTRO CERTE COMO CARRE PARE ROBER CUERT DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE C

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

CHTY-ST-ZP

SIGNATURE:

DOCUMENT # P93000057465 (5)

515 HOLDINGS, INC.

Principal Pla 5553 W WATE STE 307 TAMPA FL 33		STE 307	5553 W WATERS AVE			-			
				3. Date Incorporated or Qualified 3s. Date of Last F 08/11/1993 03/26/1996			Report		
2. Principal 21	Place of Business	2a. Mailing Addres	is			4. FEI Number 59-3198251	1	Ar	oplied For ot Applicable
Suite, Ap	ot #, etc.	Suite, Apt. #, e	tc			5. Certificate of Status Desired			Additional equired
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution			to Fees
Zip 24	25 9. Name and Address of C	Zip 29	30 Cou	intry		This corporation has liability for Florida Statutes Name and Address of New I	¥ Yes ∶	☐ No	199.032,
MII	LLER, BRAD	diretti negistered Agent		81	Name	TO. Hairle and Addition of Hear	rogistereo	with a second	
	53 W WATERS AVE			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
STE 307 TAMPA FL 33634				83	- Circol / Iodin	and (. c. pox (a noch po (c. r. coop)			
 I				84	City		FL	85 Zip (Code
l office or	r registered agent, or both, in the Lam familiar with, and accept the	State of Florida Such change obligations of Section 607.08	e was authorize 505, Florida Stat	d by tutes	the corporati	oration submits this statement for the on's board of directors. I hereby account ad when reinstang)	purpose coept the app	ocintment as	registered registered
12.		IS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12
THE	D	DELE	TE 1,1 TI	TLE				Change	☐ Addition
NAME	MILLER, BRAD 5 5553 W WATERS AVE #3	07	1.2 N						
STREET ADDRESS	TAMPA FL 33634	VI			ADDRESS				
CITY - ST - ZIP TITLE	IAMIA (LOXXX	DELE			T-ZIP			Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS	8		2.3 \$1	TREET	ADDRESS				
CITY - ST - 71F		The same			ST-ZIP				
TILE		DELE						L! Change	Addition
NAME STREET ADDRESS	2		32 N		ADDRESS				
CITY-ST-7iP	~				ST-ZIP				
THILE		☐ DELE					· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			4.2 N	IAME	ļ				
STREET ADDRESS	\$		4.3 S	TREET	ADDRESS				
CITY-ST-ZIP		Dru		_	IT-ZIP			Channe	Addition
THTLE		☐ DELI	10		1			Change	Addition
NAME STREET ADDRESS			5.2 N		ADDRESS				•
CITY-ST-ZIP	"				T-ZIP		•		
TITLE		DELE			AII.		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		·	62 N		1			-	
STREET ADDRESS			63.5	TAFFY	ADDRESS				

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 if changed or on an attachment with an address.