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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Substitution Substi	ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS					
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403 84TH AVE. ST. PETERSBURG BEACH FL 33706 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered edition or required agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered edition or consistent agent, or both, in the State of Florida Statutes, the above named corporation's board of orectors. Hereby accept the appointment as registered edition or consistent agent, in the State of Florida Statutes agent and the registered registered agent. I am state of Florida Statutes agent and the registered agent. I am state of Florida Statutes agent and the registered agent. I am state of Florida Statutes agent and the registered agent. I am state of Florida Statutes agent agen	BOOO	101111 0		81 Name		
ST. PETERSBURG BEACH FL 33706 84 Oily FL 85 Zip Code 11. Fursuant 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 sufficiently be corporation's board of decides. Hearthy except the appointment as registered office or registered agent, or both, in the State of Florida. Such change was sufficiently be corporation's board of decides. Hearthy except the appointment as registered office of registered agent. Fam. SIGNATURE SUMMEDIA OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONSYCHANGES TO OFFICERS AND DIRECTORS 14. SIRRET ALDRESS 15. ADDITIONSYCHANGES TO OFFICERS AND DIRECTORS IN 12 SEMINOLE FL 34842 11. TITLE BOSCO, THOMAS A 11234 PARK BLVD, # 201 SEMINOLE FL 34842 11. CITY-SI-7P 11. DELETE 11. TITLE 12. ADDITIONSYCHANGES TO OFFICERS AND DIRECTORS IN 12 23. SIRRET ALDRESS 14. CITY-SI-7P 15. For K Blvd #104-201 SEMINOLE FL 34842 16. CITY-SI-7P 17. DELETE 17. TITLE 18. SEMINOLE FL 34842 18. SIRRET ALDRESS 18. SIRRET ALDR	1871				t Address (P.O. Box Number is Not Acceptab	le)
11. Fursuant 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 Florids, Such change was submitted by the corporation's board of decotors. I hereby accept the appointment as registered agent. I am submit a final statement for the purpose of changing its registered agent. I am submitted in the statement for the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the purpose of changing its registered agent. I am submitted in the appointment as registered agent. I am submitted agen						
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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 419 07(0)(4). Find the supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 419 07(0)(4). Find the supplied with this filing is voluntarily furnished.					1	
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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 cath; 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 out an attachment with a address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

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