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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT #       | P93000063853  | (4) |
|------------------|---------------|-----|
| Corporation Name | 1 00000000000 | ソサノ |

| Sulfe, Apt. #, etc. Sulfer, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe       | t<br>lied For<br>Applicable<br>iditional<br>uired<br>lay Be<br>Fees |
|--|---|
| 1450 RAINVILLE ROAD   1550 RAINVILLE ROAD          | t<br>lied For<br>Applicable<br>iditional<br>uired<br>lay Be<br>Fees |
| TARPON SPRINGS FL 34889  TARPON SPRINGS FL 34889  TARPON SPRINGS FL 34889  3. Date Incorporated or Qualified 05/01/1993 05/01/1995  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3205546 Not 25/01/1995  Suite, Apt. #, etc. Suite, Apt. #, etc. 55-3205546 Not 27/01/1995  City & State City & State 5. Continuate of Status Desired 56-875 Arg. Fee Rec City & State 5. Continuate of Status Desired 57-006 Arg. Added to 27/01/1995  Zip Country 7/1993 State 8. The composition has lability for intangible tax under \$19-1995  Added to 27/01/1995  Added to 39/07/1993 State 5. Continuate of Status Desired 58-75-80 Arg. Added to 27/01/1995  Added to 39/07/1993 State 5. Continuate of Status Desired 58-75-80 Arg. Added to 39/07/1995  B. The composition has lability for intangible tax under \$19-1995  B. The composition has lability for intangible tax under \$19-1995  B. The composition has lability for intangible tax under \$19-1995  B. The composition has lability for intangible tax under \$19-1995  B. The composition has lability for intangible tax under \$19-1995  B. The composition of Status States 57-0502 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 under the appointment is registered agent or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's the national state appointment is registered agent with an accept the obligations of, Section 607-0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent with an accept the obligations of, Section 607-0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent with a composition of process of the obligations of, Section 607-0505, Florida Statutes, the above-named orporation submits this statement for the purpose of changing i | ied For<br>Applicable<br>iditional<br>uired<br>lay Be<br>Fees       |
| 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Busines       | ied For<br>Applicable<br>iditional<br>uired<br>lay Be<br>Fees       |
| Suite, Apt. #, etc.  Suite Accidence of Status Desired in Added the Added Statutes of Florida Statutes of Plorida Statutes of Plori       | Applicable<br>iditional<br>uired<br>lay Be<br>Fees                  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   So. Certificate of Status Dosired   \$8.75 Ar Fee Rec   | iditional<br>uired<br>lay Be<br>Fees                                |
| Section   Country   Coun         | uired<br>lay Be<br>Fees   |
| Trust Fund Contribution Added to Zip Country Zip Country B. Trust Fund Contribution Added to Zip Country Zip Country B. Trust Fund Contribution Added to Zip Florida Statutes Yes Not Not Acceptable Yes Not Street Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name Address of New Registered Agent 12. Name Address of New Registered Agent 13. Name Address of New Registered Agent 1450 RAINVILLE ROAD AGENT       | Fees  |
| 9. Name and Address of Current Registered Agent  MACHLEDT, CHARLES G 1450 RAINVILLE ROAD TARPON SPRINGS FL 34689  81   | 1.032,  |
| MACHLEDT, CHARLES G 1450 RAINVILLE ROAD TARPON SPRINGS FL 34689  83  City  FL  84  City  FL  85  Zip C  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 regist 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 and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  PARCHLEDT, CHARLES G  12. NAME  MACHLEDT, CHARLES G  12. NAME  MACHLEDT, CHARLES G  14.50 RAINVILLE ROAD  13. STREET ADDRESS  14.50 RAINVILLE ROAD  13. STREET ADDRESS  14.6 (IV)-S1-ZIP  TITLE  Change  Change  Change  Change  Change  Change   |   |
| MACHLEDT, CHARLES G 1450 RAINVILLE ROAD TARPON SPRINGS FL 34689  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip C  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 regis 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 agential railiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed reme of registered agent and title if applicable.    In Title   D  |   |
| 1450 RAINVILLE ROAD TARPON SPRINGS FL 34689  83  84 City  FFL  85 Zip C  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 agental and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE Registered Agent signature required when rainstaing:  D  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  D  DELETE  1.1 TITLE  MACHLEDT, CHARLES G  1.2 NAME  MACHLEDT, CHARLES G  1.3 STREET ADDRESS  TARPON SPRINGS FL 34689  1.4 City  FFL  85  Zip C  Roiter Rabours streament for the purpose of changing its registered agent and title if applicable.  NOTE Registered Agent signature required when rainstaing:  DAY:  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  Change  Change  Change  Change   |   |
| TARPON SPRINGS FL 34689  84 City  FL 85 Zip C  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 agentaliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed rame of registered agent and title if applicable.  NOTE Registered Agent signature renured when reinstating.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  D DELETE  1.1 TITLE  MACHLEDT, CHARLES G  1.2 NAME  MACHLEDT, CHARLES G  1.2 NAME  1.3 STREET ADDRESS  TARPON SPRINGS FL 34689  1.4 City  TOTAL  B55 Zip C  RNOTE Registered Agent signature renured when reinstating.  DAY 5  TARPON SPRINGS FL 34689  1.4 City  FL 85 Zip C  RNOTE Registered Agent signature renured when reinstating.  DAY 5  TARPON SPRINGS FL 34689  1.4 City  FL 85 Zip C  RNOTE Registered Agent signature renured when reinstating.  DAY 5  TARPON SPRINGS FL 34689  1.4 City  FL 85 Zip C  RNOTE Registered Agent signature renured when reinstating.  DAY 5  TARPON SPRINGS FL 34689  1.4 City  FL 85 Zip C  RNOTE Registered Agent signature renured when reinstating.  DAY 5  TARPON SPRINGS FL 34689  1.4 City  FL 85 Zip C  RNOTE Registered Agent signature renured when reinstating.  DAY 5  TARPON SPRINGS FL 34689  1.4 City  FL 85 Zip C  RNOTE Registered Agent signature renured when reinstating.  DAY 5  TARPON SPRINGS FL 34689  1.4 City  FL 85 Zip C  RNOTE Registered Agent signature renured when reinstating.  DAY 5  TARPON SPRINGS FL 34689  1.4 City  FL 85 Zip C  RNOTE Registered Agent signature renured when reinstating.  DAY 5  TARPON SPRINGS FL 34689  1.4 City  TARPON SPRINGS FL 34689  1.4 City  TARPON SPRINGS FL 34689  1.4 City  TARPON SPRINGS FL 34689  1.5 TARPON SPRINGS FL 34689   |   |
| 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 and title if applicable.    Signature         |   |
| 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 and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  INDIE Registered Agent signature renured when reinstating!  DA1:  12. OFFICERS AND DIRECTORS  TITLE  DELETE  1. 1 TITLE  MACHLEDT, CHARLES G  1.2 NAME  MACHLEDT, CHARLES G  1.3 STREET ADDRESS  TARPON SPRINGS FL 34689  1.4 CITY-S1-ZIP  TITLE  DELETE  2.1 TITLE  Change  Change   |   |
| 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 and the registered agent and the registered agent age       | de  |
| SIGNATURE   Signature, typed or printed name of registered agent and tille if applicable.   NOTE Registered Agent signature required when rolinstating!   DATE   | tered office<br>int. I am   |
| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  D  MACHLEDT, CHARLES G  STREET ADDRESS  1450 RAINVILLE ROAD  1.3 STREET ADDRESS  CITY-ST-ZIP  TARPON SPRINGS FL 34689  DELÉTE  14. CITY-S1-ZIP  TITLE  DELÉTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.1 TITLE  Change  Change  Change  |   |
| TITLE         D         DELETE         1.1 TITLE         Change         Change           NAME         MACHLEDT, CHARLES G         1.2 NAME   | N 12  |
| NAME         MACHLEDT, CHARLES G         1.2 NAME           STREET ADDRESS         1450 RAINVILLE ROAD         1.3 STREET ADDRESS           CITY-ST-ZIP         TARPON SPRINGS FL 34689         1.4 CITY-ST-ZIP           TITLE         DELÉTE         2.1 TITLE         Change  | Addition  |
| STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689  1.3 STREET ADDRESS 1.4 CITY-S1-ZIP TITLE DELETE 2.1 TITLE Change   | •   |
| TITLE  |   |
|  |   |
| NIME.  | Addition  |
| NAME 2.2 NAME  |   |
| STREET ADDRESS 2.3 STREET ADDRESS  |   |
| CITY-ST-ZIP 24 CITY-ST-ZIP   |   |
|  | ] Addition  |
| NAME 32 NAME STREET ADDRESS 33. STREET ADDRESS   |   |
| STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP   |   |
|  | Addition  |
| NAME 42 NAME   | ,   |
| STREET ADDRESS 4 3 STREET ADDRESS  |   |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP  | 1   |
| TITLE DELETE 5 1 TITLE Change  |   |
| NAME 52 NAME   | ] Addition  |
| STREET ADDRESS 5.3 STREET ADDRESS  | ] Addition  |
| CITY-ST-ZIP 54 CITY-ST-ZIP   | ] Addition  |
|  |   |
| NAME 62 NAME   | Addition  Addition  |
| STREET ADDRESS 63 STREET ADDRESS 64 STREET ADDRESS 64 STREET ADDRESS 64 STREET ADDRESS 64 STREET ADDRESS 65 STREET ADDRE       |   |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4. 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, 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 ma  |   |

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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/14/96 813-934-9116