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

DOCUMENT # P9300064802 (0)

1. Corporation Name

Principal Place of Business Mailing Address 100 2ND AVE S 100 2ND AVE S								
Suite 105 S. St. Petersburg Fl 33701		Suite 105 S. St. Petersburg Fl 33701				3. Date Incorporated or Qualified 09/16/1993	3a. Date of Last 04/03/19	
2. Principal Pla	ce of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
21		26 Contr. An				59-3201316	\$9.7	Not Applicable 5 Additional
Suite, Apt. #	e, etc.	Suite, Ap	н. #, екс.			5. Certificate of Status Desired	T	Required
City & State		City & St	ate			6. Election Campaign Financing		OO May Be
23		28				1 rust Fund Contribution	A00	ed to Fees
Zip 24)	Country 25	7(p 29	-	Country 30		8. This corporation has liability for i		s 199.032,
24	9. Name and Address of Curr			<u> </u>		10. Name and Address of New R		
				81	Name			
HEROLD.	CHARLES D			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
100 SECOND AVE. S.					Street Ad	uress (.o. box rombon to rot recopted		
SUITE 10				83				
ST. PETE	RSBURG FL 33701			84	City		FL 85	Zip Code
SIGNATURE	Senature appeal or printed arise registered up	ental difference de la deservación de la difference de la deservación de la defenda de	_	- Y	Re510		4/17/96 DATE	ORS IN 12
NAME	HEROLD, CHARLES D			1.2 NAME				
STREET ADDRESS	100 SECOND AVE. S., STE			1.3 \$TREE	ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 3370			1.4 CiTY - 9	ST - ZIP			
TITLE			DELETE	2 1 TITLE			☐ Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				23 STREE				
CITY-ST-ZIP TITLE			DELETE	2.4 CITY - S 3.1 TITLE	51 21		[Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				33 STREE	I ADDRESS			
C(TY+ST-Z(P				3.4 CITY - 5	ST - 21P			
TITLE			DELETE	4 1 TITLE			Changi	Addition
NAME				4.2 NAME				
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP TITLE			DELETE	5 1 TITLE	51 - 211		[] Chang	Addition
NAME			•	5 2 NAME				_
STREET ADDRESS					F ADDRESS			
CITY-ST-ZIP				5.4 CHTY-1]			
TITLE			DELETE	6 1 TITLE			☐ Chang	e 🔲 Addition
NAME				6.2 NAME				
STREET ADDRESS				63 STREE	RESERVICE 1			
CITY - ST - ZIP				6 4 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 13 if chapter, or on an attachment with an address

SIGNATURE:

ELANTE OF SIGNING OFFICER OR DIRECTOR

8/3 894-7505 Dayring Phone # CR2E034 (12/95)