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

PROFIT

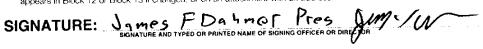


FLORIDA DEPARTMENT OF STATE

CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State Division OF CORPORATIONS					
DOCUM 1. Corporation No PULLAR		00066529 (7)			
Principal Place of Business 7714 PULLARA DRIVE ODESSA FL 33556		Mailing Address P O 80X 261762 TAMPA FL 33685 US			
				3. Date Incorporated or Qualified 09/22/1993	3a. Date of Last Report 05/01/1995
2. Principal Place	e of Business	2a. Mæling Address 26		4. FEI Number 59-3203657	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>23</b> Ζφ <b>24</b>	Country 25	Zp Zp 3	Country	8. This corporation has liability for Florida Statutes	intangible tax under si 199.032, □ No
24	9. Name and Address of Currer		81 Name	10. Name and Address of New F	Registered Agent
7714 PL ODESS/	R, JAMES F. ULLARA DR A FL 33685	2 and 607 1508 Florida Statutes.	83 84 City	ress (P.O. Box Number is Not Acceptal  ration submits this statement for the pu  and of directors. Thereby accept the app	FL 85 Zip Code
or registered familiar with	d agent, or both, in the State of Flor , and accept the obligations of, Sec	oa Sucri Change was attinorized thion 607.0505, Florida Statutes.	by the corporation's box	and wither one set strings	129/96
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
NAME STREET ADDRESS	DAHMER, JAMES F. 7714 PULLARA DR ODESSA FL	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 C-TY - ST-7IP		
TITLE  NAME  STREET ADDRESS	S PAETZ, RICHARD 120 JAMIE ST TAMPA FL	□ DECETE	2 1 TITLE 2 2 NAMÉ 2 3 STREET ADORESS		Change Addit on
CITY - S1 - ZIP TITLE NAME STREET ADDRESS	TAM A VE	□ DELETE	24 CITY - ST - ZIF 3 1 TITLE 32 NAME 33 STREET ADDRESS		☐ Change ☐ Addit-on
CITY-SI-ZIP TITLE NAME STREET ADDRESS		☐ DELE1E	3 4 CHY - ST-ZIP  4 1 TI*LE  4 2 NAME  4 3 STREET ADDRESS		Change Addition
CITY+ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4 4 CITY - ST - ZIF 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		☐ Charge ☐ Addition
CITY - ST - 21F  TITLE  NAME  STREET ADDRESS		☐ D£LETE	5 4 CITY - ST - ZIP 6 1 TITLE 62 NAME 63 STREET ADDRESS		☐ Change ☐ Addition

6.4 City: \$1-2iP

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). Fiorida Statutes Flurther 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.



4/29/96 (813)968-1302