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 #	P93000067279	(8)
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Mailing Address
3010 WEST GANDY BLVD. UNIT 5
TAMPA FL 33611

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TAMPA FL 33611 TAMPA FL 33611						3. Date incorporated or Qualified 09/22/1993		of Last Report /01/1995		
2.	2. Principal Place of Business 2a. Mailing A			ailing Address			4. FEI Number		Applied For	
21			26				59-3203270	Not Applicable		
22	——————————————————————————————————————			Suite, Apt. #, etc.			5. Certificate of Status Desired	D	\$8.75 Additional Fee Required	
23	City & State		Orty & State	******			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	, `			intry	ry 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				***************************************	81	Name				
NAAYERS, THOMAS 3010 WEST GANDY BLVD.				82 Strect Address (P.O. Box Number is Not Acceptable)						
UNIT 5 TAMPA FL 33811			83							
			84	City		FL	85 Zip Code			
11							ation submits this statement for the pur			

familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE _	Signature sypod or printed name of registered agent and little if amplica	ole (NOTE: Sa	costered Agent signature	recounsed when reliestating?		r _D ate		
12.	OFFICERS AND DIRECTOR		egistered Agent signature r	ADDITIONS	S/CHANGES	TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	VP	DELETE	1. 1 TITLE				☐ Change	☐ Addition
NAME	NAAYERS, JON		1.2 NAME					
STREET ADDRESS	10418 DEEPBROOK DR		1.3 STREET ADDRESS					
CITY-ST-ZIP	RIVERVIEW FL 33569		1.4 CITY - \$1 - ZIP					
TITLE		[]] DELETE	2 1 THTLE	President			Change	Addition
NAME			2 2 NAME	Thomas N	laayer.	5		
STREET ADDRESS			23 STREET ADDRESS	Thomas N 10418 Deep Riverview,	o brook	Dr		
CITY-ST-ZIP			2.4 CHTY - ST - ZIP	Riverview,	FL	33569		
TITLE		DELETE	3. 1 TITLE	•			Change	Addition
NAME			32 NAME	İ				
STREET ADDRESS			3.3. STREET ADDRESS					
CITY-ST-ZIP			3 4 CITY - \$1 - ZIP					
THILE		DELETE	4. 1 THLE				Change	Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					•
C(TY-ST-ZIP			4.4 CHY-ST-ZIP					
TITLE		DELETE	5. 1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		DELF1E	6. 1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CiTY - \$1 - 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 changed, or on an appearance of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Thomas M. Naayers 4/24/96 (813) 832-4464

SHATURE AND TYPED OR PRINTED NAMED OFFICER OR DIRECTOR