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



	COR ANNU	PROFIT RPORATI JAL REP 1996					DA DEPARTI Sandra B. Secretary SION OF CO	Mortham of State		•				
ַ	ocui	MENT	# F	93000	087	' 201	(8)				_			
1.	Corporation	i Name OF TAMP			. • • •		(-)							
	*******	21 Ι/ ΗΤΩ	A DAIT	110.							 		1 11 6 11 6 0161 1101 1401	•
Pr	Principal Place of Business Mailing Address													
8	3450 W. BUS Suite 195 Tampa FL 33				3450 W. BUSCH BLVD. Suite 195 Tampa Fl 33618				Date Incorporated or Qualified	3a. Date of La	set Ranort	_		
	- 1 h Fau										12/17/1993	03/08/	•	
2. 21	Principal Pla	ace of Busin	ess		2a. M	lailing Addre	3 S S				4. FEI Number 59-3218856		Applied For Not Applicable	
	Suite, Apt.	Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.			·· -	5. Certificate of Status Desired		3.75 Additional		
22	City & State)			27 Ci	ity & State					6. Election Campaign Financing		Fee Required	
23	7		г———		28						Trust Fund Contribution		5.00 May Be Added to Fees	
24	Zip		Count 25	ry	29 Zij	þ	3(Country			8. This corporation has liability for Florida Statutes Yes	intangible tax und □ No	ier s 199.032,	_
		9, Name	11	ess of Current	1 1	ed Agent				·· -	10. Name and Address of New I		t	_
	NECOITT	OTEV/EN	11					81	Nan	<u> </u>				
		, steven Busch bi						82	Stre	et Addres	ss (P.O. Box Number is Not Acceptat	ole)		
	SUITE 19)5	µ1.					В3						_
	TAMPA F	L 33618						84	City	·· ···· ····		P-3 85	Zip Code	
11	. Pursuant to	o the provisi	ons of Sec	tions 607.0502 a	ind 607.1!	508, Florida	Statutes, t	he above-r	anied	corporat	tion submits this statement for the pu	rpose of changing	its registered offic	 :e
	Or register	eu agent, ur	DOM, BLUE	e State of Florida ations of, Section	ı, bucn çri	iange was a	authorized b	y the corpo	oration	n's board	of directors. I hereby accept the app	ointment as regist	ered ägent. I am	
Sid	gnature _	Signature, typed	or printed nam	e of registered agent an	nd title if appoli		NOTE: B	kinistereji Anen	i sional i	or the mirrors w	Men reinstating)	DATE		
12				OFFICERS AND	 _	RS		13.	i briga nano	Te requisit .	ADDITIONS/CHANGES TO OFF		CTORS IN 12	
TiTt		D	- 54550			☐ DELE	TE	1. 1 TITLE				☐ Cha		_
NAM STH	ME RÉET ADDRESS	VALENTI, DARRELL J 3450 W. BUSCH BLVD., SUITE			105			1.2 NAME 1.3 STREET ADDRES		_				
	Y-ST-ZIP		FL 33618		190			1.4 CHY-S1		s				
TITL	l F	D		······································		☐ DELE	TE	2 1 TITLE				☐ Cha	nge 🔲 Addition	_
NAM			r, steven		-			22 NAME						
	REET ADDRESS Y-S1-ZIP	TAMPA I		BLVD, STE 195)			2 3 STREET		s				
III			<u> </u>			☐ DELE	.TE	3. 1 TITLE	- 111			☐ Chai	nge 🔲 Addition	
NAN								3.2 NAME					- –	
	REET ADDRESS							3.3 STREET		is				
TITL	Y - \$1 - ZiP LF					DELE	TE	3.4 CITY - ST 4. 1 TITLE	- ZIP			Chai	nge 🗍 Addition	
NAN	ΜĒ							4.2 NAME				L .	·90 🗀	
	IEFT ADDRESS							4.3 STREET A	ADORES	s			•	
CITY TITL	Y-SI-ZIP .E					☐ DELE	te .	44 CITY-ST 5 1 TITLE	- ZIP			C) Cha	D Addition	
NAM								52 NAME				Char	nge [] Addition	
STR	EET ADDRESS							5.3 STREET A	ADDRES	s				
	Y-ST-ZIP							5.4 CiTY-ST	- ZIP					
TITL						DELE.	IĘ.	6 1 TITLE				Char	nge 🔲 Addition	
NAM STRI	AE EET ADDRESS							6.2 NAME 6.3 STREET A	TUUDEC:					
	r - ST - ZIP							6.4 CITY-ST		1				

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 Ellock 12 or Block 13 or phanged, or on agrittactiment with an address.

SIGNATURE:

CR2E034 (12/95)