SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name P9400000054 (4	DOCUMENT #	P9400000054	(4)
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Principal Place of Business	Mailing Address				
36S1 CORTEZ RD. W. SUITE 100 BRADENTON FL 34210 US	3651 CORTEZ RD. W. SUITE 100 BRADENTON FL 34210 US		3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1993 08/10/1995		
2. Principal Place of Business 21 116 VISTA HERMOSA CIA Suite, Apt. #, etc 22 104 - C	Suite, Apt. #, etc.		4. FEI Number 65-0457831 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional	
City & State 23 SARASOTA	27 SARASOI City 8 State 28 FLORIDA	<i>f:</i> :	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 FLORIDA 25 34230	29 34230	Gountry 30	8. This corporation has liability f Florida Statutes	or intangible tax under s. 199 032 Yes No	
9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
CASELLA, ROBERT M 1432 FIRST STREET		82 Street Ad	idrace (P.O. Bay Number is Not Assault	lablat	
SUITE C			et Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236		83			
		84 City		FL 85 Zip Code	
office or registered agent, or both in the State agent. I am familiar with, and accept the obligation of the state of the state agent. Signature type the peak three of the state agent. 12. OFFICERS ANI	rtand the Tappedate (கப்பு	da Statutes Frankried Agent signature reg	parat Aver resultation	(A)1	
TITLE D	DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition	
NAME GAGLIARDI, JAMES S		1.2 NAME			
STREET ADDRESS 792 ST. JUDES DRIVE		L3 STREET ADDRESS			
CITY-ST-ZIP LONGBOAT KEY FL 34228	DELLI	1.4 CITY - ST - ZIP	M		
TITLE NAME	DELETE	2 1 TIFLE 2 2 NAME		Change Add-bon	
STREET ADDRESS		2 3 STREET ADDRESS			
CITY - ST - ZIP		2 4 CITY - ST - ZIP			
TITLE	DELFTE	3 1 TITLE		Change Addition	
NAME		3.2 NAME			
STREET ADDRESS CITY-ST-ZIP		3.3 STREET ADDRESS 3.4 City - ST- ZiP			
TITLE	DELETE.	4 + TiTLE		Change Ado tion	
NAME		4 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE	44 CITY - ST ZIP 5 1 THTLE		Change Addition	
NAME		5.2 NAME		C) Onsinge C Admitistr	
STREET ADDRESS		5 3 STREET ADDRESS			
CITY-SI-ZiP		5.4 CITY - S1 - 2;P			
FILE	DELETE	6 1 THLE		Change Addition	
NAME CTOCCT ADDRESS		6.2 NAME			
STREET ADDRESS CITY - S1 - ZIP		6 3 STREET ALIGNESS			
14. I do hereby certify that the information supplied further certify that the information indicated or.	with this filling is voluntarily furn	■ 640ffY+St_ZiP ished and does not qu	alify for the exemption stated in Section	n 119 07(3)(k). Florida Statutes I	

made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James S. Gagliardi James Signature and typed on Priyed Name of Signing of Ficen on D