## 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

1006

	1990							
1. Corporation	MENT # <b>P9400</b> CAN OVERSEAS CARRIER							
MINERIO	AN OVERSEAS CARRIER	O, 1140.				 		
Principal Place	of Rusiness	Mailing Address						
		2						
15438 N. FLORIDA AVE. SUITE 202		15438 N. FLORIDA AVE. SUITE 202						
TAMPA FL 336	513	TAMPA FL 33613		3. Date Incorporated or Qualifie	3. Date Incorporated or Qualified 3a. Date of Last Report			
					01/19/1994	06/2	20/1995	<u> </u>
<del></del> -	ace of Business	2a. Mailing Address			4. FEI Number			upplied For
Suite, Apt.	# etc	26			59-3219832			Not Applicable  Additional
22]	, oto.	27]			5. Certificate of Status Desired			Required
City & State		Crty & State	-41-4- 17-41 -44-	1811 1 1981 AND WAT MAIL (A.S. W.)	6. Election Campaign Financing	F1	\$5.00	May Be
		28	ı <u>.</u>		Trust Fund Contribution		Added	to Fees
Zip <b>24</b>	Country 25	Ζφ [ <b>29</b> ]	30 Cou	intry	This corporation has liability to Florida Statutes	for intangible tax res  No	under s	199.032,
9. Name and Address of Current Registered Agent				Γ	10. Name and Address of Nev		gent	
				81 Name			<u></u>	
HOROWITZ, MITCHELL I				82 Street Address (P.O. Box Number is Not Acceptable)			<del></del>	
501 E. KENNEDY BLVD.								
SUITE 17			83					
TAMPA F	L 33602			84 City <b>FL</b> 85 Zip C			Code	
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the abo	LL ve-named co	rporation submits this statement for the		ging its re	agistered office
or register familiar wi	ed agent, or both, in the State of Fi th, and accept the obligations of, Se	orida. Such change was authorized ection 607.0505. Florida Statutes.	d by the d	corporation's I	rporation submits this statement for the board of directors. I hereby accept the a	ppointment as re	igistered a	agent. I am
SIGNATURE								
	Signature, typed or printed name of registured agent and title if applicable. (NOTE: Registe			Agent signature re	equired when rainstating	DATE	UDEATAL	50 11 40
12.	D	OFFICERS AND DIRECTORS 1		HTLE	ADDITIONS/CHANGES TO C		Change	Addition
NAME	BOTT, GRAHAM		12 N				• • • •	
STREET ADDRESS	15438 N. FLORIDA AVE., #2	202	1.3 \$1	TREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33613		1.4 CHY-ST-ZIP					
TITLE	DELE"		2 1 THE				Change	Addition
NAME			2 2 N	I				
STREET ADDRESS			1	IREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3 1 7	ITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	П	Change	Addition
NAME		•	3.2 N	I			•	
STREET ADDRESS			3.3 \$	TREET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE	DEFELE		4. 1 T	I			Change	Addition
NAME			4.2 N					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 Ct	ITY - ST - ZIP		r <sub>1</sub>	Change	Addition
NAME		EJ	5.2 N			Ļ	·- 'a"	
STREET ADDRESS				TREET ADDRESS				
CITY-ST-7IP			5.4 C	ITY-ST-ZIP				
TITLE		☐ DELETÉ	6.11	TLE			Change	Addition

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 changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

SIGNATURE: MICHAEL & BUCKEL SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

424/96 (813)961-0076