

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000018104 (7)**

1. Corporation Name

5327, INC.

Principal Place of Business (Mailing Address)
**2475 ENTERPRISE ROAD STE. 300
CLEARWATER FL 34623**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/04/1994** 3a. Date of Last Report

4. FFL Number **59-2233308** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for information under § 192.002, Florida Statutes Yes No

2. Principal Place of Business (Mailing Address)
21 State Apt # etc 26 State Apt # etc
22 City & State 27 City & State
23 Zip 28 Zip 29 County 30 County

9. Name and Address of Current Registered Agent

**GOTTLIEB AND GOTTLIEB P.A.
2475 ENTERPRISE ROAD STE. 300
CLEARWATER FL 34623**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

(Print or type in printed name of registered agent or the registrant)

(Print Registered Agent's name in printed name handwriting)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	EVANS, JAMES B
STREET ADDRESS	2475 ENTERPRISE ROAD STE. 300
CITY, ST, ZIP	CLEARWATER FL 34623
TITLE	D
NAME	LIVINGSTON, J H
STREET ADDRESS	2551 SUNSET POINT ROAD STE. 202
CITY, ST, ZIP	CLEARWATER FL 34625
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 1)	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is correct and true. I am duly qualified for the registration stated in Section 1110.071(1)(b), Florida Statutes. I further certify that the administrators indicated on this filing report or signature card are duly qualified as shown and accurate and that my registration with this agency is effective as it appears on the public records. I am an officer or director of the corporation or the individual or partnership named in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on the public records with no delinquencies.

SIGNATURE:

[Handwritten Signature]
SIGNATURE (PRINTED OR PRINTED NAME OF LISTING OFFICER OR DIRECTOR)

6-28-95

813-799-0222