SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $278 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $270)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 AUG -9 PM 12:23

DOCUMENT # **P94000026811 (7)**

1. Corporation Name
TEMPORARY OPTIONS, INC.

Principal Place of Business	Mailing Address
201 E. KENNEDY BLVD. SUITE 1500 TAMPA FL 33602	201 E. KENNEDY BLVD. SUITE 1500 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 5403-C
22 Suite, Apt. #, etc.: So. Comfort Blvd.
23 City & State: Tpa Fl
24 Zip: 33634
25 Country: U.S.

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 593238609 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DONICA, HERBERT R
201 E. KENNEDY BLVD.
SUITE 1500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Peter J. Hobson
82 Street Address (P.O. Box Number is Not Acceptable): 606 E. Madison St
83:
84 City: TAMPA **FL** 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: 8/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		1.1 TITLE: PRESIDENT 1.2 NAME: BYRAM Inc Bell 1.3 STREET ADDRESS: 1513 GLENMONT DR 1.4 CITY-ST-ZIP: TAMPA, FL 33635	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE: VICE-PRESIDENT 2.2 NAME: ETHEL WASHINGTON 2.3 STREET ADDRESS: 4307 W. MAIN ST 2.4 CITY-ST-ZIP: TAMPA FL 33607	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE: SECRETARY 3.2 NAME: MICHAEL Bell 3.3 STREET ADDRESS: 4307 W. MAIN ST. 3.4 CITY-ST-ZIP: TAMPA, FL 33607	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE: TREASURER 4.2 NAME: MELVIN Bell 4.3 STREET ADDRESS: 4307 W. MAIN ST. 4.4 CITY-ST-ZIP: TAMPA, FL 33607	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	☐ Change	☐ Addition

CR2E034 (3/95)

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)(i), 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.

SIGNATURE: Byram Inc Bell president 8-3-95 813-888-5538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007034 CP