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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 P94000028780 (2) DOCUMENT #

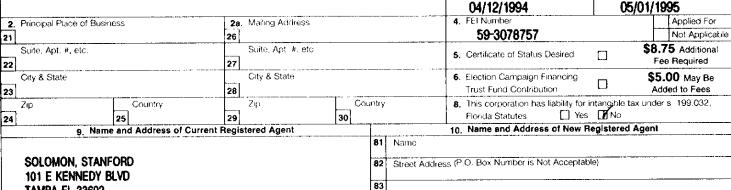
RONA R. EHLERS, P.A.

Mailing Address Principal Place of Business

6113 GALLEON WAY TAMPA FL 33615

6113 GALLEON WAY

TAMPA FL 33615



TAMPA FL 33602 City Zip Code 84 85 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.

OFFICE OF AND DIRECTORS	40	ADDITIONS/CHANGES TO DESICERS AN	A DIDECTORS IN 12
SIGNATURE Signature: Speed or printed hair of diregisterious agent and the Yough large.	(NOTE: Bugistered Agent a greature o	pared wher relistating) DATE	
or registered agent, or both, in the State of Florida Such change familiar with, and accept the obligations of, Section 607.0505, Fig.	was authorized by the corporation's	poard of directors. I hereby accept the appointment a	s registered agent. I am

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	EHLERS, RONA R	1.2 NAME	
STREET ADDRESS	6113 GALLEON WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY - ST - ZIP	
TITLE	☐ DELÉTE	2 1 TITLE	Change Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CHTY - S1 - ZIP	
1:flE	☐ DCLETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY - ST - ZIP	
TITLE	DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY - ST - ZIP	
TITLE	☐ DELETE	5 1 THTLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 THILE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-7IP		6.4 CITY - S3 - 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 813-8916864

SIGNATURE:

1-26-96 Daytone Phone +

3. Date Incorporated or Qualified

3a. Date of Last Report

CR2E034 (12/95)