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

1996

SIGNATURE:

P94000033157 (6)

SIGNATURE AND TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUN 1. Corporation	MENT # P940	00033157 (6)			
	00, INC.				
				1 14 6 14 14 11 14 14 14 16 11 46 11 6 11 11 11 11 11 11 11 11 11 11 11	
Principal Place	of Business	Mailing Address			en in de de 111 0 : 1110 : 1180 : 1180 1180 1180 1180 1180 1180 1180 1180 1180 1180 1180
1745 W. FLE1		8931 NORTH FLORIDA A	L/ENITE		
TAMPA FL 33		TAMPA FL 33604	VENUE		
				 Date Incorporated or Qualified 05/02/1994 	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21			etcher Ave.	59-3240413	Not Applicable
Suite. Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			\$5.00 May Be
23		28 Tampa FL		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	^{Zip} 33/3/2	30 Hillshorouah	8. This corporation has liability for a Florida Statutes Yes	ntangible tax under s. 199.032,
	9. Name and Address of Cur		30 Hillsborough	10. Name and Address of New R	
81 Name Mark O Maler					
MILLER, MARK E 82 Street Address (P.0				ss (P.O. Box Number is Not Acceptab	le)
C/O RUDNICK & WOLFE 1745 W. Flescher Ave					
101 EAST KENNEDY BLVD. STE. 2000 83					
IAMPA I	FL 33602-5133		84 City		FL 85 Zp Code 3361.2
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508. Florida Statutes.	the above named coroora	MDA tion submits this statement for the nur	pase of changing its registered office
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 appointment as registered agent. I am					
SIGNATURE		Phrk	ch Hankner I	irentor	4/12/96
			Rigistered Agent signature required in		f myse /
12. TITLE	OFFICERS /	AND DIRECTORS MELETE	13.	ADDITIONS/GHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
NAME	LEVIN, LEONARD G	E COLLEGE	1 2 NAME		E change E Actoritism
STREET ADDRESS	1745 W. FLETCHER		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CHY-ST-ZIP		
TITLE	D HADICA	☐ DELETE	2 1 TIT. E		Change Addition
NAME	HACKNER, MARK O		2 2 NAME		
STREET ADDRESS	1745 W. FLETCHER TAMPA FL		2.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	D	☐ DELETE	2.4 CITY+ST ZIP 3.1 TITLE		Change Addition
NAME	RICE, MITCHELL F		3 2 NAME		C Change C Addition
STREET ADDRESS	1745 W. FLETCHER		3.3 STREET ADDRESS		
ChTY - ST - ZhP	TAMPA FL		3 4 CITY - ST - ZIP		
TITLE		☐ DECETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		☐ DELETE	4.4 CHY - ST - ZIP		Change Maddit on
NAME		breeze	5 1 TITLE 52 NAME		Change Addition
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-7IP			5.4 CITY ST-ZIP		
THLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S!-ZiP	and it that the information of	ed with the affine or colored 2.2.	64 CITY - ST - ZIP		07/0/03 10-24- 00-24-
certify that oath; that f	the information indicated on this a Lam an officer or director of the co	nnual report or supplemental annua	I report is true and accurate empowered to execute this	the exemption stated in Section 119, and that my signature shall have the report as required by Chapter 607, File	same legal effect as if made under 1