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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P94000033741	(7)

Principal Place		Mailing Address						
19709 GULF BLVD 19709 GULF BLVD INDIAN SHORES FL 34635 INDIAN SHORES FL 346		14635						
					3. Date incorporated or Qualified 05/02/1994	•	e of Last Re 3/20/199	•
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
1]		26			59-3240810			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional Required
City & State	9	City & State			6. Election Campaign Financing			O May Be
3		28			Trust Fund Contribution			d to Fees
Z _i p	Country	Zip	Cour	ntry	8. This corporation has liability of	or intangible ta es No	ax under s	199.032,
4	9. Name and Address of Currel	pt Pagistared Agent	30		Florida Statutes X Y		Agent	
	y, Italie alla Address di Culte	iit negistered Agent		81 Name	IV. Italio alla Addices di New	Hogistoreo	r goin	
ROMAN	, MICHAEL T		-	82 Street A	Address (P.O. Box Number is Not Accept	ahle)		
	BULF BLVD.			511 00 17	Address (F.O. Box Hamber is not Accept			
	SHORES FL 34635		[83				
			-	84 City		FL	85 Zip	p Code
or register familiar wit	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authori ition 607.0505. Florida Statute	zeo by the o	arooranon sa				agent ran
SIGNATURE _	Strouture typed or protect name of registered agen					DATE		
SIGNATURE _	Signature, typed or printed name of registered agen				sourred when rejustating) ADDITIONS/CHANGES TO O	DATE		
12.	Signature, typed or printed name of registered agen	nt and trife if applicable (N	OTE: Registered	Agunt signature re	aqured when reinstating)	DATE FFICERS AND		
I 2. IT _L F	Signature, typed or printed name of registered agen OFFICERS AN PD ROMAN, MICHAEL T	n: and title if applicable (N ND DIRECTORS	OTE: Registered /	Agont signature re	aqured when reinstating)	DATE FFICERS AND	D DIRECTO	DRS IN 12
I 2. IT _E F NAME	Signature, typed or printed name of registered agen OFFICERS AN PD ROMAN, MICHAEL T 13425 SAN RAFAEL DR	n: and title if applicable (N ND DIRECTORS	OTE: Registered J 13. 1. 1 Til 1.2 NA 1.3 STF	Agont signature re ILE ME REET ADDRESS	aqured when reinstating)	DATE FFICERS AND	D DIRECTO	DRS IN 12
112. Title Name Street address City - St-Zip	Signature, typed or priviled name of registered agen OFFICERS AN PD ROMAN, MICHAEL T 13425 SAN RAFAEL DR LARGO FL 34644	nt and title if applicable (N ND DIRECTORS	OTE: Registered / 13. 1. 1 Til 1.2 NAI 1.3 STF	Agunt signature re ILE ME REET ADDRESS Y-ST-ZIP	aqured when reinstating)	DATE FFICERS AND	DIRECTC ☐ Change	PRS IN 12
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oath; that I am an officer or director of the corporation or the receiver or trustee empaphears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CAROLANN ROMAN 4/1/96 8/3-593-0665