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

DOCUMENT # P94000040969 (5)
1. Corporation Name

BSR INVESTMENTS, INC.

·-·								
Principal Place of Business Maling Address								71 W 1811 W 1811 W 1811 (1811)
4547 GUNN HIGHWAY 4547 GUNN HIGHWAY TAMPA FL 33624								
						3. Date Incorporated or Qualified 05/25/1994	3a. Date of L 04/28	ast Report 3/1995
············· '	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt.		26				59-3247307		Not Applicable
22 Surie, Apr. 1	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State	}	City & State				6. Election Campaign Financing		5.00 May Be
23		28			*****	Trust Fund Contribution	k 1 '	Added to Fees
Zφ	Country		here is	Country		8. This corporation has liability for	~	der s. 199.032,
24	9. Name and Address of Curre	29 at Registered Agent	30				□No	
	9. Name and Address of Cure	in negistered Agent		81 N	lame	10. Name and Address of New F	legistered Ager	it
AUGUSTINE, STEVEN J D.C.						ss (P.O. Box Number is Not Acceptat	-1>	· · · · · · · · · · · · · · · · · · ·
4547 GUNN HIGHWAY				82 5	street Addre	ss (F.O. box Number is Not Acceptat	oie)	
Tampa i	FL 33624			83		THE TRACE AND ADDRESS OF THE PROPERTY OF THE P	•	
			<u> </u>	84 C	City		85	Zip Code
		¥	1				FL	1 '
or registeri	o the provisions or Sections 507.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the o	ve nan orpora	ied corporal tion's board	fion submits this statement for the pur of directors. Thereby accept the app	rpose of changin ointment as regis	g its registered offic stered agent. I am
	Signature typed or prince practic effect depending of	tacilite tapostable (N/		A _s post seg	ned to temp thin, y	where report its kgr	CA't	
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		
NAME	AUGUSTINE, STEVEN J		1 11		_ ₽		☐ Cn	iange 🔣 Addition
STREET ADDRESS	4547 GUNN HIGHWAY		1.2 NAI		SOCCE			
CITY-ST-ZIF	TAMPA FL 33624			REEL ADO				
TITLE	D	[] DELETE	2 1 111	Y - ST - ZI	<u></u>		☐ Cn	nange Addition
NAME	AUGUSTINE, BRIAN J		2 2 NAI					ange. [] Nation
STREET ADDRESS	10 AVONMORE COURT			er. Reel add	OPESS			
CITY - ST - ZIP	PERRY HALL MD 21128			Y-ST 28				
TITLE	D	DELETE	3 1 70				Cn	nange
NAME	AUGUSTINE, ROBERT S		3 2 NAI	ME				
STREET ADDRESS	4929 HIGEL AVENUE		3 3 St	REET ADI	DRESS			
CITY - ST - ZIF	SARASOTA FL 34242		3.4 CIT	7 - ST - ZI	P			
TITLE		DELFTE	4 1 111	ruf			☐ Cn	lange 🔲 Addition
NAME			4.2 NAI	ME				
STREET ADDRESS			4.3 S!f	REET ADD	RESS			
CITY - S1 - ZIF				Y \$1-21	P .		····	
TITLE		DELETE	5 1 111	ILF			☐ Ch	nange
NAME			5 2 NAI					
STREET ADDRESS				DOA 1135				
CITY - ST - ZIP		F3 prierr		Y - ST - ZI	P			
TITLE		DELETE	6 1 317				Ch	nange
NAME			6.2 NA!					
STREET ADDRESS			63STF	REET ADD	DRESS			

14. If do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. Further certify that the information inclicated 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 origination or the receiver or trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813/963-0110

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