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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE
Sandra B Morthani
Secretary of State
DIVISION OF CORPORATIONS

1996	
DOCUMENT #	DO 40000

		Mailing Address 100 \$ ASHLEY DR SUITE 1650 TAMPA FL 33602					
				3. Date Incorporated or Qualified 06/08/1994	3a. Date		
	Place of Business	2a. Mailing Address		4. FEI Number	(VO)	/01/19	Applied For
Suite, Apt.	# etc	26		59-3253773			Not Applicable
2	. n ₁ 6(0.	Suite, Apt #, etc.		5. Certificate of Status Desired			5 Additional
City & Stat	le	City & State		6.51			Required
3		28		Election Campaign Financing Trust Fund Contribution			00 May Be
- 7ιρ -1	Country	Ζ(μ)	Country	This corporation has liability for	intannible ta		to Fees
<u> </u>	25	29	30	Florida Statutes Yes		x unuer s	199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	Registered A	gent	
CAROUA	DAFAEL IN		81 Name				
	RAFAEL JR SHLEY DR		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
SUITE 16			83				
TAMPA F							
			84 City		FL		p Code
tamirar wi SIGNATURE	ith, and accept the obligations of. Se	ction 607.0505, Florida Statute	es.	oration submits this statement for the pur and of directors. I hereby accept the appo	rpose of char ointment as r	iging its i	registered offic Lagent, Lam
tamirar wi BIGNATURE 2.	th, and accept the obligations of Se	ction: 607.0505, Florida Statute வளியாகழின் இ NO DIRECTORS	O't registered Agent signar in his per 13.	от от отомато т петему ассерт тте аррс	Pose of char continent as r DATE ICERS AND I	DIRECTO	PRS IN 12
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