FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		cretary of State OF CORPORATIONS		
DOC 1. Corpor	UMENT # P94	000050215 ((O)		
1	IPLIGHTER APARTMENTS	· · · · · · · · · · · · · · · · · · ·	,		
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Principal Place of Business Mailing Address 14812 NORTH FLORIDA AVENUE 14812 NORTH FLORID TAMPA FL 33612 TAMPA FL 33612				TOURISM HID COINT DIGHT BOILS BOILD	
			RIDA AVENUE		
3 Discussion	The same of the sa			3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last Report 04/19/1995
2. Principal Place of Business		2a. Mailing Address	r		
. 21 ∐ Suite A	pt #, etc.	26		59-3255516	Applied For Not Applicable
22	y. W. Git.	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional
City & State		Cit. 8 Cost		Fee Required	
23		City & State		6. Election Campaign Financing	\$5.00 May Be
Zψ	Country	7/p	Country	Trust Fund Contribution	Added to Fees
24	25	29	Country 30	8. This corporation has liability for	intangible tax under s. 199.032,
	Name and Address of C	urrent Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New F	S □ No
TAMP/	NORTH FLORIDA AVENUE A FL 33612	0502 and 607, 1508. Florida State	84 City	oration submits this statement for the pur	FL 85 Zip Code
or regist familiar s SIGNATURE	, a sample and designations of	Section 607.0505, Florida Statute	ized by the corporation's bo es.	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office ointment as registered agent. I am
	Signal recityped or purited name of registered	a just and the it application	:OTE_Bogistered Agent signature requi	9d when reportables	
12. III.f		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	DATE DIDECTOR
	D	DELETE	1. 1 TITLE	THE RESIDENCE TO OFFI	Change Addition
NAME Carried Assessment	WATKINS, GLEN		1.2 NAME		Containing C Addition
STREET ADDRESS	HOW NACION		1.3 STREET ADDRESS		
CHY-ST ZIP THEF	TAMPA FL 33612		1.4 CITY - ST - ZIP		
NAME		☐ DEFELF	2 1 THILE		Change Addition
STREE! ADDRESS			2 2 NAME		
Culv Sj. Zir			2 3 STREET ADDRESS		
fifte		C) Dutte	2 4 CITY-ST-ZIP		
VAME.		☐ DELETE	3 1 THLE		☐ Change ☐ Addition
JREEL ADDRESS			3 2 NAME		
)∱Y+51-2IP			33 STREET ADDRESS		
ille.	· · · · · · · · · · · · · · · · · · ·	DELETE	3 4 CITY - SI - ZIP		
AM ₆		C pritit	4. 1 TITLE		Change Addition
SEARCEA LITHE			4.2 NAME]
TY-SLZP			4.3 STREET ADDRESS		
IIIE		☐ DELETE	44 CHY+ST-ZIP 5 1 TITLE		
AMI			5 2 NAME		☐ Change ☐ Addition
	1		n c Living		ı

14. Too hereby certify that the information indicated in supported with this ling is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in th 6.4 CITY - ST- ZIP

53 STREET ADDRESS

6 3 STREET ADDRESS

5 4 CHTY-ST-ZIP

6 1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

0117 S1-719

City SI-Zir

Mill

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3-11-96

☐ Change ☐ Addition