

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

DOCUMENT # **P94000051823 (0)**

1. Corporation Name

THE 1508 CORPORATION



Principal Place of Business

**1663 MOUND ST
SARASOTA FL 34236**

Main Address

**1663 MOUND ST
SARASOTA FL 34236**

2. Principal Place of Business

21

State, Apt., P.O.

22

City & State

23

Zip County

24

25

2a. Mailing Address

26

State, Apt., P.O.

27

City & State

28

Zip County

29

30

g. Name and Address of Current Registered Agent

**FURMAN, ROBERT G
1663 MOUND ST
SARASOTA FL 34236**

3. Date of Incorporation or Qualified
07/13/1994

3a. Date of Last Report
04/24/1995

4. FEI Number

65-0450854

Applied For
Not Applicable

5. Contribution of Statute Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number - Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0105 and 607.0106, Florida Statutes, this document is hereby filed for the purpose of changing its registered office to registered agent and office to the following: [Name of new registered agent and office] and the registered office to [Address of new registered office]. Thereby consent to appointment as registered agent. [Name of officer]

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	PD	<input type="checkbox"/> Deleted
STREET ADDRESS	FURMAN, ROBERT G	
CITY, STATE	1663 MOUND STREET SARASOTA FL	
TITLE	TS	<input type="checkbox"/> Deleted
NAME	CARLIN, MICHAEL G	
STREET ADDRESS	1663 MOUND STREET	
CITY, STATE	SARASOTA FL	
TITLE		<input type="checkbox"/> Deleted
NAME		
STREET ADDRESS		
CITY, STATE		
TITLE		<input type="checkbox"/> Deleted
NAME		
STREET ADDRESS		
CITY, STATE		
TITLE		<input type="checkbox"/> Deleted
NAME		
STREET ADDRESS		
CITY, STATE		
TITLE		<input type="checkbox"/> Deleted

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY, STATE	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I hereby consent to the filing of this report and the change of registered office and registered agent. [Name of officer]

SIGNATURE: *Robert G. Furman* Robert G Furman 3/26/96 941-365-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)