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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000052756 (1	DOCUMENT #	P94000052756	(1)
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MOBILITY, INC.



Principal Place	of Bus ness	Mailing Address					
4008 ROSEPOINTE CT. TAMPA FL 33614		4008 ROSEPOINTE CT TAMPA FL 33614		•			
					3. Date Incorporated or Qualified	3a. Date of L	ast Report
					07/11/1994	07/13	/1995
2. Principal Pla	ice of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26			59-3253390		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees
Zip 24	Country	Zip 29	Country 30		8. This corporation has liability for in	intangible tax un	ders 199.032,
	g. Name and Address of Curre		. 1201 1		10. Name and Address of New R		nt
			81	Name			
SHORT, I	PAUL R		82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
7522 N. 4 TAMPA F			83			_ 	
***************************************	2 30001		84	City		FI 8	Zip Code
SIGNATURE .	Signature: hypercomposited native of registers flager	ntakontro tako kato d	N. Tr. Registered Age	nt region line respon-		DATE	
12.	OFFICERS AS	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	DP	DELETE	1 1 1 1'LF			□ c	nange 🔲 Addition
NAMÉ	BREITENBACH, ROY G		1.2 NAME				
STREET ADDRESS	4008 ROSEPOINTE CT.		1	I ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614	TO SULTE	1.4 City - 3				nange 🗍 Addition
TITLE		☐ DELETE	2 1 Tall F				lange
NAME			2 2 NAME				
STREET ADDRESS				F ADDRESS			
CITY - ST - ZIP		TTI DELETE	2 4 CiTY - 3 3 1 TiTLE			ПС	hange
TITLE		bettere	3 2 NAME			<u></u> -	
NAME				ET ADDRESS			
STREET ADDRESS	ļ		3.4 CITY				
CITY-S1-ZIP TITLE		DELETE	4 1 TITLE				nange Addition
NAME			4.2 NAME			_	
STREET ADDRESS				I ADDRESS			
			4.4 C-1Y -				
CITY - ST - ZIP	 	DELETE	5 1 11*LF				hange Addition
NAME		_	5.2 NAME	i i		_	-
STREET ADDRESS				1 ADORESS			
			5 4 CITY				
CITY-ST-ZIP TITLE		☐ DELETE	6 1 TIFLE			n	hange Addition
NAME			6 2 NAME				
				EL ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	1		6 4 C·TY -	51-7P			

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or an an attachment with an address

SIGNATURE:

SIGNATURE:

Dayling Place.