

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000058499 (2)

1. Corporation Name

TIRA MISU VENTURES, INC.



Principal Place of Business

877 EXECUTIVE CENTER DR. WEST  
SUITE 303  
ST. PETERSBURG FL 33702

Mailing Address

877 EXECUTIVE CENTER DR. WEST  
SUITE 303  
ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASCARA, ERNEST L  
877 EXECUTIVE CENTER DR. WEST  
SUITE 303  
ST. PETERSBURG FL 33702

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME WARD, MICHAEL  
STREET ADDRESS 4946 61ST AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DST ☐ DELETE

NAME WARD, SUZANNE  
STREET ADDRESS 4946 61ST AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE V ☒ DELETE

NAME ROBERGE, TOM  
STREET ADDRESS ONE BEACH DRIVE, SUITE 200  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☒ Change ☒ Addition

12 NAME SMITHSON LIRA  
13 STREET ADDRESS 877 EXECUTIVE CENTER DRIVE  
14 CITY-ST-ZIP SUITE 303 ST. PETERSBURG, FL 33702

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS 100001745041  
44 CITY-ST-ZIP -03/15/96--01085--002  
\*\*\*1,200.00

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 oath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

*M.A. Ward* M.A. WARD 4 MARCH 1996 (813) 866-2782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

3/14/96

PS