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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PA



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

A CONTINUE OF THE CORE CHAIR AND AND AND AND AND CHAIR CHAIR CORE CORE

22/96 (8/3) 586-3909
Date | Detrie Proce |

1996

DOCUMENT #
1. Corporation Name

P94000066654 (2)

Principal Place of Business Mailing Address						e immeradt tid ifter Geftt Affill i		aleta aleta 31	NAN MININ ALBE CARI	
19321 US HWY 19 N 19321 US HWY 19 N										
SUITE 505 CLEARWATER FL 34624 SUITE 505 CLEARWATER FL 34624 CLEARWATER FL 346			24							
US US		,E-7		3.	Date Incorporated or Qualifie		te of Last F	•		
Principal Place of Business 2a. Mailing Address						08/29/1994		04/03/1995		
2. Principal Pl		2a. Mailing Address	7. / 4	> h		Él Number			Applied For	
Suite, Apt.		Suite, Apt. #, etc.	JEST L	Sey D1	<u>r. </u>	59-3260737			Not Applicable	
22 Suite 707 27 Suite			707	707		Certificate of Status Desired	₽	,	5 Additional	
City & State		City & State	_/			Election Campaign Financing			Required	
23 La	rao, FL	28 haras	FL		I	rust Fund Contribution			00 May Be ed to Fees	
Zip J.	Country	Zigi	Cour			his corporation has liability for	or intangible t			
24 346		29 34640	30	USA		lorida Statutes 🔲 Y			,	
	9. Name and Address of Current	Registered Agent			10.	Name and Address of New	Registered	Agent		
7011D0				81 Name	Lon	~ TONDS				
	, LEON H	82 Street A	Address (P.C	. Box Number is Not Accept	able)					
	US HWY 19 N	-		<u>80 (</u>	West Bay	· Dr.				
SUITE !		83	Z:	L 707						
CLEAR	WATER FL 34624		Ī	84 City		19 19 1		85 Z	p Code	
11 Pursuant t	o the provisions of Sections 607 0500	and 607 1600 Flade Dist		<u>.</u>	har	30	FL	77/	ひんはん	
or register	to the provisions of Sections 607.0502 ed agent, of both, in the State of Florid th, and acrost the obligations of, pactic	and 607, 1508, Florida Statute a. Such change was authorize	is, the aboved by the co	re-named cor orporation's b	orporation sull board of dire	Imits this statement for the potents. I hereby accept the ar	ourpose of ch pointment as	anging its r	registered office	
	n, and account the obligations of, Section	on 607,050 n, Pl avida Staliftes.		·		,,	1/20	6.	ragorii. Fam	
SIGNATURE _	Signature typed or printed name of registered agents	Wirein	rr. 6. Tur.		equired when rein:		7/10	176		
12.	OFFICERS AND		13.	geni signature rec		DDITIONS/CHANGES TO OF	DATE DATE	DIDECTO	VOC IN 40	
THEE	CD	DELETE	1. 1 1/1	LE]		DEMINORAL PROPERTY OF		Change	Addition	
NAME	TOUPS, LEON H		1.2 NA	AE I			'	El currigo		
STREET ADDRESS	19321 US HWY 19 N SUITE :	505	1.3 STR	EE1 ADDRESS	801	West Bay 7)c. 51	ite 7	07	
CITY-ST-ZIP	CLEARWATER FL		1.4 CIT	Y-ST-ZIP	ha	CKA FL 34	640	27 4 - 11	_	
DILE	D	☐ DELETE	2 1 TIT	LE		790, FL 341	1	Change	□ Addition	
NAME	TOUPS, MICHAEL P		2 2 NAM	ME					_	
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NAME .	CLANCY, MARK C		3.2 NAA	AE .		~ · - ~		. ,		
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CHTY+ST-ZIP TITLE	CLEANWAIEN PL	FT DELETE		/-ST-ZIP	La	rgo, FL 39	640			
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City-St-ZiP				EET ADDRESS						
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STREET ADDRESS				EET ADDRESS						
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NAME		_	6 2 NAM				·			
STREET ADDRESS				EET ADDRESS						
CITY-ST-7IP			6.4 City	- ST - 71P						
 I do hereby certify that 	certify that the information supplied with the information indicated on this applies	th this filing is voluntarily furnis	bod and de	oog not ovalit	lify for the exc	emption stated in Section 11	9.07(3)(k), Flo	rida Statuti	es. I further	
oath: that I	am an officer or director of the corpora	ation or the receiver or truetoe	ai report is							
appears in	Block 12 or Block 13 if changed, or on	an attachment with an addre	SS.			,			.,	