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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

NAME

STREET ADDRESS

SIGNATURE:

DIVISION OF CORPORATIONS

MESITA INVESTMENT COMPANY					
Principal Place	of Business	Mailing Address		T TOURING 1914 INTIL BIRLI BEILF ORILL	OÇIHI EBRI RUNUN TILIK DORDO ALIDI IDA KORL
13710 CHESTERSALL DR TAMPA FL 33624 13710 CHESTERSALL DR TAMPA FL 33624					
				3. Date Incorporated or Qualified 10/05/1994	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 44.5		26 4450 G	ULF BLVD	59-3287642	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State 28 57. PeTe	Beach . FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 337 0	Country 25 PARCLAS	Zip 29 33706	30 Pinellas	8. This corporation has liability for Florida Statutes Yes	s ⊠ No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New I	Registered Agent
13710 CH TAMPA F			82 Street Ad 83 84 City	dress (P.O. Box Mumber is Not Accepta	A FL 85 Zip Code
11. Pursuant t or registen familiar wit SIGNATURE	Signature see or printed period of seed agont a	nd title if an acabic (NOT	E Registered Agent signature requ		DATE 4/24/86
12.	OFFICERS AND	DIRECTORS DELETE	13.		FICERS AND DIRECTORS IN 12 Change Addition
TILE	D WEARLE FOLICOT		1. 1 TeTLE	DICACTOR WAR	Change Noution
NAME	WEMPLE, ERNEST J		1.2 NAME	Ernist J. Wemp 1450 Gulf Blud	T#306
STREET ADDRESS	13710 CHESTERSALL DR			750 000 000	ALL FL 33607
CITY-ST-ZIP TITLE	TAMPA FL 33624	☐ DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE	11 TORESPULY LOS	Change
NAME			2 2 NAME	•	_ s.m.g res
STREET ADDRESS			2.3 STREET ADDRESS		
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TITLE		☐ DELETE	3.1 TITLE		Change Addition
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STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME		DELETE			
STREET ADDRESS			4.2 NAME		7 - 4 - 7
CITY-ST-ZIP			4.2 NAME 4.3 STREET ADDRESS	`	
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NAME		_	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	`	

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify of 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 decurate 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 resolver 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 chapted, or on an attack field with an address. 4/24/96 8/3.968.324/