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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000074186	(5)
Corporation Name		

JAMES D. PAYNE, C.P.A., P.A.

UNITED DI FITTILI, GILIANI,							
Principal Place of Business	Mailing Address			1,000,000			
12701 U.S. 19 SUITE C	12701 U.S. 19 Suite C						
HUDSON FL 34667 HUDSON FL 34667				3. Date Incorporated or Qualified 10/10/1994	d 3a. Date of Last Report 05/01/1995		
District Plans of Puningers	2a. Mailing Address			4. FEI Number		ļ	pplied For
2. Principal Place of Business	26			59-3274974			ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		* - ·	Additional equired
22	27						
City & State	City & State			Election Campaign Financing Trust Fund Contribution		,) May Be to Fees
23	28	7 6		8. This corporation has liability for	r intangible ta		
Zip Country	Zιρ	Gountr 30	у	Florida Statutes	s 🗖 No	•	
24 25	[29]	[30]		10. Name and Address of New	Registered A	Agent	
g. Name and Address	s of Current Registered Agent	81	Name				
PANALE MANEO D				ress (P.O. Box Number is Not Accept	abie)		u
PAYNE, JAMES D		82	2 Street Add	ress (F.O. Box Named 15 Not) lossy.			
1417 E. 109TH AVENUE		8:	3			_	
TAMPA FL 33612						85 Zip	Code
	as 607,0502 and 607,1508, Florida Statut	В	7 - 7		FL	. 1	
	registered algorithms to the Capacita dilities (No. 1904). THE CERS AND DIRECTORS	ite Registered A.	gerst eighteit nie sentim	ed when the state). ADDITIONS/CHANGES TO O	DATE FEIGERS AND	DIRECTO	RS IN 12
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NAME SAME		2.2 NAM		Tanne, tempelo	<u>.</u>		
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14. If 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR