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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

P94000076522 (9) **DOCUMENT #**

GHOLSON AND ASSOCIATES INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 3475 TAMPA FL 33602

POST OFFICE BOX 3475 TAMPA FL 33602



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						3. Date Incorporated or Qualified 10/13/1994	3a. Date of Last 06/30/	Report 1995
2. Principal Plac	ce of Business	├ ¬	lailing Address			4. FEI Number 59-3275719		Applied For
21	-4.	26				39 32/3/19		Not Applicable
Suite, Apt. #, etc.		27	Suite Apit. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		C	ity & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28		- т		Trust Fund Contribution		ed to Fees
Ζφ 24	Country 25	20	þ	Country		8. This corporation has liability for in Florida Statutes		s 199.032.
<u> </u>	9. Name and Address of Curre	29 ent Register	ed Agent	[30]		Honda Statutes Yes		
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GHOLS	ON, NEIL					/D () D N N N N N N N N N		
17625 NORTH WEST 27TH AVENUE				82	Street Add	reet Address (P.O. Box Number is Not Acceptable)		
MIAMI F	FL 33055			83				
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				84	City		FL 85 2	rip Code
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12.		NO DIRECTO		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 12
TITLE	OUOLOON NEI		DELETE	† 1 TITLE			☐ Change	☐ Addition
NAME	GHOLSON, NEIL POST OFFICE BOX 3475	B1/A		1.2 NAME				
	PUSI UPPE P BUL 34/5							
STREET ADDRESS		II/A		13STREET	ADDRESS			
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

217.96 813.254 176)