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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| 1. C | orporation | Name | P94000 AL ESTATE, INC. | 0078260 (4 | 4) | | | | | | |
|---|---|----------------------------------|-----------------------------|---|---------------------|-------|--------------|---|----------------------|------------------------------|------------------------|
| Principal Place of Business Mailing Address | | | | | | | | I ABDIIDON HID IBYAY BİTDI OTANY DÖNIN | HONI OUN | IDDA: HOUR HAIR | OMIN CON COOL |
| 11608 SEMINOLE BLVD. LARGO FL 34648 | | | | 11608 SEMINOLE BLVD. LARGO FL 34648 | | | | | | | |
| US | | | | U\$ | | | | Date Incorporated or Qualified 10/24/1994 | - | ate of Last Re 06/30/199 | • |
| 2 P | rincipal Pla | ce of Business | | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For |
| 21 | 26 | | | | | | | 59-3274678 | | | Not Applicable |
| S | uite, Apt. # | , etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | X | 7 | Additional Required |
| 22 | ity & State | | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | 0 May Be |
| 23 | ity o close | | | 28 | | | | Trust Fund Contribution | | Added | d to Fees |
| Z | ip | Country Zip | | | | try | | 8. This corporation has liability for | | e tax under s | 199.032, |
| 24 | | 25 | | 29 | 30 | | | Florida Statutes Yes 10. Name and Address of New F | No. | d Agent | |
| | | 9. Name a | nd Address of Current | negistered Agent | | 31 | Name | 10. Harris and Adams and Adams | | | |
| WATANABE, WILLIAM M. 10098 LINDEN PLACE | | | | | | 32 | Street Add | dress (P.O. Box Number is Not Acceptal | ole) | | |
| SEMINOLE FL 34646 | | | | | [4 | 33 | | | | | |
| | | | | | ├ | 84 | City | | | 85 Zip | p Code |
| | or registere familiar witl VATURE | ed agent, or bo h, and accept | oth, in the State of Florid | a. Such change was autho on 607.0506, Florida Statul | tes. | orpo | oration s bo | oration submits this statement for the pu aird of directors. I hereby accept the app lied when reinstating? | rpose of ointment | changing its reas registered | |
| 12. | | | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OF | ICERS A | | |
| TITLE | | VPS | | ★ DELETE | 1. 1 TIT | | | V, S | | Change | ☐ Addition |
| NAME | | | JAMES D. | | 12 NA | | 1 | Micheal Craig 3800 94 st. IN. St. Petersburg, FL 3 | | | |
| \$TREE | F ADDRESS | | ID AVENUE NORTH | | | | ADDRESS | St Petershin Fl. 3 | フフィフ | | |
| | ST-ZIP | | S PARK FL | T) DELETE | 1.4 CIT 2. 1 TIT | | T-ZIP | 31.14(12019,12) | 2 / 12 | ☐ Change | Addition |
| TITLE | | PT | DE MANITANA | L) better | 2.1 10 2.2 NAI | | | | | | |
| NAME | ET ADDRESS | | BE, WILLIAM NDEN PLACE | | | | ADDRESS | | | | |
| | -ST-ZIP | SEMINOL | | | 2.4 CIT | | - 1 | | | | |
| TITLE | | 02 | | ☐ DELETE | 3. 1 TIT | •••• | | | | ☐ Change | ☐ Addition |
| NAME | : | | | | 3.2 NA | ME | | | | | |
| STREE | E1 ADDRESS | | | | 3 3. \$1 | REET | T ADDRESS | | ~ 4 ~ | 3-73 d | |
| CITY- | -ST · ZIP | _ | | | 3.4 C)T | Y- \$ | 5T - ZIP | 4000018 | | | |
| THILE | | | | ☐ DELETE | 4. 1 Til | LE | | -04/30/9601 | [UԾ== | LILLIDChange | ☐ Addition |
| NAME | E | | | | 4.2 NAI | | | ***208.75 | | | |
| STREE | ET ADDRESS | | | | | | ADDRESS | | | | |
| _ | ST-ZIP | | | C Drugge | 4.4 CIT | | IT- ZIP | | | Change | Addition |
| TITLE | | | | DELETE | 5. 1 11 | | 1 | | | CT Assurance | |
| NAME | | | | | 5.2 NA | | r ADDDCCC | | | | • |
| | et address | 1 | | | 5.3 ST | | F ADDRESS | | | | 2 |
| | - ST- ZIP | | | DELETE | 6 1 TI | |)I - Tit | | | Change | Addition 1 |
| TITLE NAMI | | } | | | 6.2 NA | | | | | | _ |
| NAMI | L | | | | 2007 | DCE1 | 0000000 | | | | 光 必 |

CITY-SI-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 papers in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William M. Watqueke, Pres 4/35/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(8/3)393-8705

CR2E034 (12/95)