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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000093729 (9)**

1. Corporation Name

THIS OLD PLACE, INC

Principal Place of Business

**124 5TH AVE. SOUTH
SAFETY HARBOR FL 34695**

Mailing Address

**124 5TH AVE. SOUTH
SAFETY HARBOR FL 34695**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

30

g. Name and Address of Current Registered Agent

**PENZABENE, JULIE
124 5TH AVE. SOUTH
SAFETY HARBOR FL 34695**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1305, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I, the undersigned, accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Sections 607.0602 and 607.1305, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

**PENZABENE, JULIE
124 5TH AVE. SOUTH
SAFETY HARBOR FL 34695**

STREET ADDRESS

CITY, ST, ZIP

TITLE

D

NAME

**PENZABENE, DAVID
124 5TH AVE. SOUTH
SAFETY HARBOR FL 34695**

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 of the corporation; that I have submitted this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 of change of office or registered agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

3/11/96

CR2E034 (12/95)