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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000003829 (5)**

1. Corporation Name

FOG PASADENA, INC.

Principal Place of Business	Mailing Address
8931 N. FLORIDA AVE. TAMPA FL 33604	8931 N. FLORIDA AVE. TAMPA FL 33604

3. Date Incorporated or Qualified: 01/12/1995

3a. Date of Last Report:

2. Principal Place of Business
21 1745 W. Fletcher Ave.
Suite, Apt. #, etc. 22
City & State 23 Tampa, FL
Zip 24 33612 Country 25 Hillsborough

2a. Mailing Address
26 1745 W. Fletcher Ave.
Suite, Apt. #, etc. 27
City & State 28 Tampa, FL
Zip 29 33612 Country 30 Hillsborough

4. FEI Number: 59-3300906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, MARK E
C/O RUDNICK & WOLFE
101 E. KENNEDY BLVD., SUITE 2000
TAMPA FL 33602-5133

10. Name and Address of New Registered Agent

81 Name: Mark O. Hackner
82 Street Address (P.O. Box Number is Not Acceptable): 1745 W. Fletcher Ave.
83
84 City: Tampa FL 85 Zip Code: 33612

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Mark O. Hackner, Director DATE: 4/12/96
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when not starting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O LEVIN, LEONARD G 8931 N. FLORIDA AVE. TAMPA FL 33604 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HACKNER, MARK O 8931 N. FLORIDA AVE. TAMPA FL 33604 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, MITCHELL F 8931 N. FLORIDA AVE. TAMPA FL 33604 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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] 4/12/96 (813) 968-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mark O. Hackner Director

CR2E034 (12/95)

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