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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sancha B. Mocham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000003897 (2)

| ESC E TADDO | of Business DN AVE SUITE 5 | Mailing Address 536 E. TARPON AVE | CHITE E | | | | |
|--|--|--|--|--|--|--|--|
| | INGS FL 34689-4344 | TARPON SPRINGS F | | | | | |
| | | | | | 3. Date Incorporated or Qualified 01/17/1995 | 3a. Date of La | st Report |
| , Principa! Plac | e of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| | | 26 | | | 59-3299525 | | Not Applicable |
| Suite, Apt. #, | , etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 ' | .75 Additional ee Required |
| Crty & State | en e | City & State | | | 6. Election Campaign Financing | | 5.00 May Be |
|] ^ | | 28 | | | Trust Fund Contribution | | dded to Fees |
| Zip 🐣 | Country | Zıp | Country | | 8. This corporation has liability for | _ | ers 199.032, |
| | 25 | [29] | [30] | | | s No | |
| and the second second | g. Name and Address of Curi | rent Registered Agent | 81 | Name | Name and Address of New I | Registered Agent | |
| MACON | e accociated to a | | 1 1 | | MAO | | |
| | & ASSOCIATES, P.A. | | 82 : | Street Address | (P.O. Box Number is Not Acceptal | ble) | |
| % JOSEPH C. MASON, JR. 17757 U.S. HIGHWAY 19 NORTH, SUITE 500 | | | 83 | _536_E. | TARPON AMENUM | | |
| | ATER FL 34624 | DITE SUU | | SUITE : | 5 | | |
| OLLANII | MIER FE 34024 | | 84 | Cit <u>v.</u> | _ | FL 85 | Zip Code |
| 1 Pursuant to | the provision of Sections 607.05 | in 2 and 607 1508. Florida Statu | tes the above-nar | med corporation | SPAINES | mose of changing | its registered office |
| or registered | d agent, or born, in the State of FI | orida. Such change was authori | zed by the corpora | ation's board of | n submits this statement for the put f directors. I hereby accept the app | pointment as regist | ered agent. Fam |
| familiar with | , and accept the obligations of, Si | ection 607.0505, Florida Statute | S. | | | | |
| BIGNATURE | tyrial or printed name of registered ag | and and talls it so that it is | OTi: Registered Agent s | and when the futer | us policed at use | DATE | |
| 2. | | AND DIRECTORS | I 13. | agnature responent whe | ADDITIONS/CHANGES TO OFF | | CTORS IN 12 |
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| | MAURO, ED | DELETE | 1. 1 TITLE 1.2 NAME | | | | |
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vaur SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR