

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # *PG5000010844*

1. Corporation Name

Florida Xotic Inc.

Principal Place of Business

Mailing Address

13902 N. Dale Mabry Hwy #201 (Same)  
Tampa, FL 33618

2. Principal Place of Business

2a. Mailing Address

21 13902 N. Dale Mabry Hwy

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

22 #201

City & State

23 Tampa

FL

28

City & State

24 Zip

29

Zip

30

Country

9. Name and Address of Current Registered Agent

George W. Phillips  
14502 N. Dale Mabry Hwy #200  
Tampa, FL 33618

3. Date Incorporated or Qualified  
**02-06-95**

3a. Date of Last Report  
**n/a**

4. FEI Number

**59-3307816**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Trust Fund Contribution

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

10. Name and Address of New Registered Agent

81 Name

**William Klein**

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

**13902 N. Dale Mabry Hwy #201**

83

84 City

**Tampa**

85 Zip Code

**33618**

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

*William Klein, President*

*4/17/96*

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME <b>William Klein</b>
STREET ADDRESS		1.3 STREET ADDRESS <b>13902 N. Dale Mabry Hwy #201</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Tampa, FL 33618</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b></b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME <b></b>
STREET ADDRESS		2.3 STREET ADDRESS <b></b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b></b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b></b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b></b>
STREET ADDRESS		3.3 STREET ADDRESS <b></b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b></b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b></b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME <b></b>
STREET ADDRESS		4.3 STREET ADDRESS <b></b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b></b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b></b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b></b>
STREET ADDRESS		5.3 STREET ADDRESS <b></b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b></b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b></b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b></b>
STREET ADDRESS		6.3 STREET ADDRESS <b></b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b></b>

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: *William Klein, President* *4/17/96 (813) 962-0605*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/17/96* Daytime Phone *(813) 962-0605*

CR2E034 (12/95)