

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified
02-06-95

3a. Date of Last Report
n/a

2. Principal Place of Business

2a. Mailing Address

21 **13902 N. Dale Mabry Hwy**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#201**

27

City & State

City & State

23 **Tampa FL**

28

Zip

Zip

24 **33618**

Country

Country

25 **USA**

29

30

4. FEI Number

59-3307816

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

10. Name and Address of New Registered Agent

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

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 FL

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

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 ☒ DELETE
NAME **George W. Phillips**
STREET ADDRESS **14502 N. Dale Mabry Hwy #200**
CITY-ST-ZIP **Tampa FL 33618**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **President**
1.2 NAME **William Klein**
1.3 STREET ADDRESS **13902 N. Dale Mabry Hwy #201**
1.4 CITY-ST-ZIP **Tampa, FL 33618**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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

William Klein President

4/17/96

(813) 962-0605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

CR2E034 (12/95)