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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU	MENT # P9500	00023237 (7	<b>7</b> )		
Corporatio	NTERPRISES, INC.	•	,		
Principal Place of Business Mairing A		Mairing Address			65% 0070 7206%
17560 FAIRMEADOW DR. TAMPA FL 33647-2500		17560 FAIRMEADOW DR. TAMPA FL 33647-2500			
		10mm A 12 00047-2004	,	Parallel Little Co. No. 7	
				3. Date Incorporated or Qualified 03/20/1995	3a. Date of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3311991	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	ρ	City & State			Fee Required
23	·	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25   9. Name and Address of Curre	29	30		□ No
	9, Name and Address of Corn	ent negistered Agent	81 Name	10. Name and Address of New F	Registered Agent
BULLOCI	K, JOHN T			/D/S D- N	
17560 FAIRMEADOW DR.			82 Street Add	ress (P.O. Box Number is Not Acceptal:	ile)
tampa f	FL 33647-2500		83		
			<b>84</b> City		85 Zip Code
11. Pursuant (	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the above named cornor	ration submits this statement for the our	ryose of changing its registered office.
or register familiar wi	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	orida. Such change was authori ction 607,0505. Horida Statute	zed by the corporation's boa	ration submits this statement for the pured of directors. Thereby accept the app	pose of changing its registered office office of the changing its registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of registered age	nt and fide if applicable. (N ND DIRECTORS	OTe: Registered Agent signature reviews  13.		DATE
THILE	D	DELETE	1. 1 TILLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	BULLOCK, JOHN T		1.2 NAME		
STREET ADDRESS	17560 FAIRMEADOW DR.		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33647-2500		1.4 CITY - ST - ZIP		
TIFLE	D	☐ DELETE	2 1 11711		Change Addition
NAME	GARRETT-BULLOCK, SUSAN		2 2 NAME		
STREET ADDRESS	17560 FAIRMEADOW DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP TrTLE	TAMPA FL 33647-2500	☐ DELETE	2 4 CITY - S1 - ZiF		
NAME		[] Dett ic	3 1 7 17 18		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STHEET ADDRESS		
CHY-ST-ZIP			3.4 CHTY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		C onarige C Addition
STHEET ADDRESS			4.3 STREET ADDRESS		•
CITY - S1 - ZIP			4.4 C(TY - ST - Z)P		İ
TIFLE		DELETE	5 1 TiTLF		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 THEF		Change Addition
NAME SINCEL ADDRESS			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		İ
14. I do hereby	y certify that the information supplied	with this filing is voluntarily form	sished and does not qualify for	or the evenuation stated in Section 440.	27/0VIA Florido Chat des (4)

certify that the information indicated on this annual report or supplemental and does not quality 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.

AND TO BUNCH JOHN T. BULLOCK 3/2/42 813 991-7498

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR