FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORĂTION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State' ****
DIVISION OF CORPORATIONS

FILED
Mar 31 1997 8:00am
Secretary of State

DOCUN 1. Corporation	MENT # P95000(ER MOBILITY, INC.)25390 (2)	ORPORATIONS		
Principal Place 300 HYDE PARI SUITE 190 TAMPA FL 3380 US	K AVE. S.	Mailing Address 212 JEFFERSON AVENUE. CLEARWATE A.F.L. 34615-47		3. Date Incorporated or Qualified	3a. Date of Last Report
				03/28/1995	06/01/1996
2. Principa Pt 21	ace of Business	26. Mailing Address 26. 4912. SUNSI	ET BLUP,	4. FEI Number 59-3321886	Applied For Not Applicable
Suite Apt i	#, etc	Suite, Apt. #, etc.	E7 DED-7	5. Certificate of Status Desired	\$8.75 Additional
22 Care 8 Care	/ 1 P - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ch. S. State			Fee Required
City & State	•	City & State Ric	HEV, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country 30 USA	8. This corporation has liability for	
24	9. Name and Address of Current		30 007	10. Name and Address of New Re	
CLEA	TER, JANE S JEFFERSON AVENUE, NORTH ARWATER FL 34815 of the provisions of Sections 607 0502 is gistered agent, or both, in the State of infaring in with, and accept the obligations of Sections 607 0502 is gistered agent.	Florida Such change was a his of, Section 607.0505, Flo	82 Street Add 83 84 City Pours and cor	ress (P.O. Box Number is Not Accepted IZ Process (P.O. Box Number	FL 85 Zip Code 34688
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME STREET ADDRESS	D Hoster, Jane S 212 Jefferson Avenue, Nor	TH	1.2 NAME H	POSTER, JAME S 1912 SUNSET BLU	Change Addition
CHY-ST-7IP	CLEARWATER FL 34615	DELETE	1 4 CfTY-ST-ZiP	PORT RICHEY, FL	34688
NAME STREET ADDRESS	HOSTER, JAMES P III 212 JEFFERSON AVENUE, NOR	_	2.2 NAME 2.3 STREET ADDRESS		L VD,
City - St - ZIP Title	CLEARWATER FL 34615	DELETE	2.4 CITY-ST-ZIP 7 3.1 TITLE	PORT RICHEY, FL	34688 Addition
NAME STREET ADDRESS		, vicen	3.2 NAME 3.3 STREET ADDRESS		C Clarke C Acquicon
CTY+ST-ZH THTLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STEET FAILURESS			4.3 STREET ADDRESS		
CITY \$1-76		DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME		בייין פרנינונ	5.1 TITLE 5.2 NAME		C complie C variable
STREET ADDRESS			5.3 STREET ADDRESS		}
C-TY - S1 - 74P		·····	5.4 CITY-ST-ZIP	······································	
Title		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		}
STREET ADORESS OF YEST Zer			6.3 STREET ADDRESS 6.4 City - St - Zip		
14 Ldo horah	y cert by that the information supplied of	with this filing does not qualif	for the exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
итоrmation Lam an of appears и	n indicated on this annual report or sup ficer or director of the corporation or th i Block 12 or Block 13 if changed, or c	opiernental annual report is true receiver or trustee empower or trustee empowers an attachment with an add	ered to execute this reportess.	at my signature shall have the same lega ort as required by Chapter 607, Florida S	il errect as if made under dath; that statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

JANE HO

3/4/9,

813-251-5596

A4490A4