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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

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SIGNATURE:

P95000029107 (6) **DOCUMENT #** 

1.	Corporation Name		
		13.10	

WHAT'S NEW? UNLIMITED, INC. Principal Place of Business Mailing Address 13698 LAKE POINT DRIVE 13698 LAKE POINT DRIVE CLEARWATER FL 34622 **CLEARWATER FL 34622** 3a. Date of Last Report 3. Date Incorporated or Qualified 04/10/1995 4. FEI Number Applied For 2a. Maiting Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zio Florida Statutes Yes No 30 29 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name STROYNE, BETH G Street Address (P.O. Box Number is Not Acceptable) 62 13698 LAKE POINT DRIVE 83 **CLEARWATER FL 34622** Zip Code 85 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TIFLE CR2E034 1.2 NAME NAME No change 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Chançe Addition DELETE 2 1 TITLE THILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - \$1 - ZIP CITY - ST - ZIP Addition DELETE ☐ Change 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE THILE NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1-ZIE Change ■ Addition DELETE 5. 1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY ST-ZIP Addition Change ☐ DELETE 6 1 TITLE TPLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - 2IP 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 cath, 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