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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P95000034919	(7)
	ES OF TAMPA BAY, INC.	



rincipal Place of I		Mailing Address			
		· ·			
3801 BAY TO BA		3801 BAY TO BAY BLVD. TAMPA FL 33629			
TAMPA FL 33629		THE TOTAL		3. Date Incorporated or Qualified 3a. D	ate of Last Report
				04/28/1995	
		2a. Mailing Address		4. FEI Number	Applied For
. Principal Place	of Business	28. Maning Address		69-3320405	Not Applicable
<u> </u>		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, €	etc.	27		5. Derthicate of distals (see life)	Fee Required
2 0 0 0 0		Orty & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangib	le tax under s 199.032,
ה	25		0	Florida Statutes Yes No. 10. Name and Address of New Register	
<u> </u>	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Hegister	ou Agont
			81 Name		
SIVYER, NE	EAL A		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
712 S. ORI	EGON AVE				
TAMPA FL	33606		83		
IAMENTE	33000		84 City		FI 85 Zip Code
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Enhancing its registered offic
11 Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statutes.	the above named corpo	oration submits this statement for the purpose of aird of directors. I hereby accept the appointmen	nt as registered agent. I am
or registered	d agent, or both, in the State of Flo , and accept the obligations of, Se	rida, Such change was authorized chon 607.0505, Florida Statutes.	by the corporation a pos	ard of directors, foresty and a	
	i, and accept the obligations of co.				
SIGNATURE _		Augit	Ragistered Agent signature requir		dE.
Si	ranature, typed or printed name of registered agr	act and their approaches theore	Ragissales Agran arg. a are rode.		AND DIRECTORS IN 12
Si	ignature, typied or printed name of registered agr OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	ignature hypert or printed name of registered ag- OFFICERS A				AND DIRECTORS IN 12 Change Addition
12.	OFFICERS A	ND DIRECTORS	13. 1.1 TILE 1.2 NAME		AND DIRECTORS IN 12 Change Addition
12. TITLE	D GLASER, ROBERT	ND DIRECTORS	13. 1.1 TIFLE		AND DIRECTORS IN 12 Change Addition
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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 loath; that I am an officer or director of the opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Stappears in Block 12 or Block 13 if changed, so on an attachment with an orders.

WATURE AND TYPED OR PRINTED MANE OF SIGNING SPICAL CHOST OF Archerd

3-21-96 (813) 835-4435