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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

		1996	ORI		DIVIS	Secretary of State DIVISION OF CORPORATIONS							
	OCUN.		#	P95000	036776	(9)							
	BUSCE	MI ENTE	ERPRI	SES, INC.						t indicinal bia shine area darit aasia	*****		10015 6111 1601
Principal Place of Business Mailing Address								••••		T 150HIDDI ILD (FIR) BILLI BULLI BULLI BULLI	MENT SQUAD LINE EIN		10010 Bitt 1901
5625 4TH ST. N. 5625 4TH ST. N. ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703													
	SI. PEIERSB	UNG FL 33/	ru3		SI. PETERSBI	JHG FL 337U3					T		····
										3. Date Incorporated or Qualified 05/04/1995	3a. Date of La	ist H	eport
	, Principal Pla]	ice of Busin	ess		2a. Mailing Add	ess				4, FEI Number 59-2212161		- +-	Applied For
21	Suite, Apt. #	t, etc.			Suite, Apt. #	, etc.				ינוכונפונ	S8		Not Applicable Additional
22	<u> </u>				27					5. Certificate of Status Desired	1 1		Required
23	City & State				City & State					6. Election Campaign Financing Trust Fund Contribution			D May Be d to Fees
	Ζφ 1		}	untry	Ζφ	<u> </u>	ountry	y		8. This corporation has liability for		ler s	199.032,
24	<u> </u>	9 Name	25 and A	ddress of Current	29 Registered Agent	30	Τ			Florida Statutes Yes 10. Name and Address of New F	□ No tealstered Agen	t t	
	 	 					81	Name	1				
BUSCEMI, GAY A							82	Street	Addres	ss (P.O. Box Number is Not Acceptat	ile)		· · · · · · · · · · · · · · · · · · ·
		ROR LAKE									·		
	ST PETE	RSBURG	FL 337	03	83			1					
							84	City		· · · · · · · · · · · · · · · · · · ·	FL 85	Zij	Code
1	1. Pursuant to	o the provis	ions of S	Sections 607.0502 a	and 607.1508, Floric	la Statutes, the a	oove-	named o	corporat	ion submits this statement for the pur	pose of changing	itsr	egistered office
	or registere	ed agent, or	both, ir	i the State of Florida bligations of, Section	ı. Such change was	authorized by the	e corp	ooration's	s board	of directors. I hereby accept the app	ointment as regis	ered	agent. I am
s	IGNATURE _												
1:		Signature, typed	or printed	name of registered agent an OFFICERS AND		(NOTE: Registe		nt signature	required v	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	CTC	DO INLO
	rlf	PD		OFFICEROARD	DEL		TITLE		T	ADDITIONS OF ANGES TO OFF	Cha		Add tion
N/	AME	BUSCE				1.2	NAME						
SI	TREET ADDRESS			LAKE DR. N.		1.3	STREE	T ADDRESS					
-	TY-ST-ZIP		IERSB	URG FL 33701				ST-ZIP			······		
	TLE	STD	ND IA	NECN C	DE:		TITLE				☐ Cha	nge	☐ Addition
	AME TREET ADDRESS			NEEN E '. N #5102			NAME		1				
	TY-ST-ZIP			JRG FL 33716				T ADDRESS ST-ZIP	1				
	TLE				☐ ĐEL		TITLE		†		Cha	nge	Addition
N/	AME					3.2	NAME		1				
SI	TREET ADDRESS					3.3	STREE	et address	3				
-	TY-ST-ZIP				□ bc			SY-ZIP	 				D Marie
	TLE Ame				☐ DEL		I TITLE NAME				☐ Cha	rige	☐ Addition
	rivie Treet address							T ADDRESS					
	TY-ST-ZIP							ST-ZIP	1				
_	TLF				DEL		TITLE		1		Cha	nge	☐ Addition
N/	AME					5.2	NAME						
SI	iréet addréss					53	STREE	T ADDRESS	1				
-	TY-ST-ZIP				F7 he.		CITY-		_				
	TLF				DEL		TITLE				☐ Cha	เกฏย	☐ Addition
	AME TREET ADDRESS						NAME		1				
	TY-ST-ZIP							T ADDRESS ST-ZIP					
	11.01.71		· · · · · · · · · · · · · · · · · · ·							the everytion stated in Section 110			

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 organ attachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OF DIRECTOR

april 21, 1996 813-525-3705