

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000044370 (1)

1. Corporation Name

KILLER INSTINCT, INC.



Principal Place of Business

5520 GUNN HWY
#1307
TAMPA FL 33624

Mailing Address

5520 GUNN HWY
#1307
TAMPA FL 33624

3. Date Incorporated or Qualified

05/31/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 1516 1ST STREET

26 1516 1ST STREET

4. FEI Number

59-3318849

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #1

27 SUITE #1

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 INDIAN ROCKS BEACH, FL

28 INDIAN ROCKS BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34635

25 USA

29 34635

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAPNER, ELIZABETH L
101 S FRANKLIN ST
SUITE 100
TAMPA FL 33602

E1 Name

E2 Street Address (P.O. Box Number is Not Acceptable)

E3

E4 City

FL

85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date (if applicable) (NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D COLLINS, GARY
STREET ADDRESS 8801 HUNTER'S LAKE DR #217
CITY-STATE-ZIP TAMPA FL 33647

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME D SCHREIBER, SEAN
STREET ADDRESS 5520 GUNN HWY #1307
CITY-STATE-ZIP TAMPA FL 33624

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME P SCHREIBER, SEAN
2.3 STREET ADDRESS 1516 1ST ST. #1
2.4 CITY-STATE-ZIP INDIAN ROCKS BCH, FL 34635

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

813-595-0094

Daytime Phone #

CR2E034 (12/95)