PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



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

1996	Con The Control of th	DIVISION C
DOCUMENT #	P950000522	78 (5

JEFFREY B. STROUSE, P.A.

JEFFKE	:Y B. SIH	OUSE, P.A.							
Principal Place	e of Business			Mailing Address					
200 PIERCE STREET TAMPA FL 33609			200 PIERCE STREET TAMPA FL 33609						
									Date Incorporated or Qualified     O7/06/1995  3a. Date of Last Report  O7/06/1995
2. Principal Pla	lace of Busine	SS		2a. Mailing Address					4. FEI Number Applied For
Suite, Apt.	# etc		20	Suite, Apt #, etc.			<b></b>		39-3330009   Not Applicable
22	#, C.O.		21	) ·					5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	e		26	City & State					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zιρ		Country		Ζφ	Č	ountry	<u>.                                    </u>		This corporation has liability for intangible tax under s. 199.032,
24		25	29		30				Florida Statutes Yes No
	9. Name	and Address of Cu	rrent Reg	jistered Agent		Ţ.,	····		10. Name and Address of New Registered Agent
						81		Name	
	E, JEFFREY					82	1	Street Addre	ess (P.O. Box Number is Not Acceptable)
	ICE STREET					83	-		
tampa f	L 33609					03			
						84		City	FL 85 Zip Code
11. Pursuant t	to the provision	ons of Sections 607.0	1502 and I	607.1508, Florida Statu	ites, the at	 ove-r	L. nai	med corpora	stron's ibruity this statement for the purpose of chapters its registered offic
or register	red agent, or l	both, in the State of I	Horada Su	uch change was authori 17.0505, Florida Statute	ized by the	corp	Ofe	ation's board	d of directors. Thereby accept the appointment as registered agent. I am
CICALATUDE		•							
<del>, ,</del>	Signal in Type 1:	or printed name of rejectional			<del>-</del>		n' s	ajisti sire fesporest	dikter nostatig DATE
12.	PSTD	OFFICERS	AND DIR	ECTORS  DELETE	13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME		E, JEFFREY B ES	n n			TITLE NAME			Change Addition
STREET ADDRESS		CE STREET	•					DORESS	
CITY-ST-ZIP	TAMPA F					CITY - S			
TITLE	<u> </u>			☐ DELETE		lii.f			☐ Change ☐ Addition
NAME					. 22	NAME			
STREET ADORESS	i i				23	STREET	A.:	DORESS	
CITY-ST-ZIP					24	CITY - S	ş1.	719	
TITLE				DELETE	3.1	THTLE			Change Addition
NAME					3.2	NAME			
STREET ADDRESS								DDRESS	
CITY-ST-ZIP TITLE	ļ			DELETE		CITY - S TITLE	51.	710	Change Addition
NAME					ŀ	NAME			Change Addition
STREET ADDRESS							r ar	DORESS	
CHY-ST-ZIP						City-S			
TITLE				DELETE		TITLE			Change Addition
NAME					52	NAME			
STREET ADDRESS					5.3	STREET	AD	ODRESS	
CITY - ST - ZIP					54	C-TY-S	ST ;	ZIF	
TITLE				☐ DETELE	6.1	1111			Change Addition
NAME					6?	NAME			
STREET ADDRESS								DDRESS	
CiTY-ST-ZiP	U certify that t	the information const	I e e den en la comp	rie filmer ie wed ostavile Co-		C-TY-S			or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that oath; that	t the informati I am an office	on indicated on this a or or director of the co	arınuat rep orporation	ns ning is vocintarily for light or supplemental ab light the receiver of trisk attachment with avrade	nual report ap empow	is true ered t	Je to	and accurate execute this	or the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurfner te and that my signature shall have the same legal effect as if made under single from the same legal effect as if made under single from the same legal effect as if made under some same statutes; and that my name

SIGNATURE:

IGNATURE AND THEO OR PRINTED NAME OF SIGNAN OFFICER OR DIRECTOR

(8/3)226-0074

CR2E034 (12/95)