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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required \$5.00 May Be	1	996	DIVISION OF	CORPORA	1OIT	IS					
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CONROY, MICHAEL P 4200 W. CYPRESS STREET SUITE 800 TAMPA FL 33607 11. Pursuant to the provisions of Sections 607 0002 and 607 1500. Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fierida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered eigent, I am femiliar with, and accept the obligations of Scotion 607 0002 and 607 1500. Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered eigent, I am femiliar with, and accept the obligations of Scotion 607 0005. Florida Statutes are corporation's board of directors. I hereby accept the appointment as registered eigent, I am femiliar with, and accept the obligations of Scotion 607 0005. Florida Statutes are corporation's board of directors. I hereby accept the appointment as registered eigent, I am femiliar with, and accept the obligations of Scotion 607 0005. Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered eigent, I am femiliar with, and accept the obligations of Scotion 607 0005. Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered eigent, I am femiliar with, and accept the obligation of Scotion 107 0005. Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered eigent, I am femiliar with, and accept the obligation of Scotion 107 0005. Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered eigent, I am femiliar with a statute of the provision's top of provision									i Agent		
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SUTE 800 TAMPA FL 33607 11. PLYSLATI to the provisions of Sections 607 0502 and 657,1508, Florida Statutes, be above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Funds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment segistered agent. I am familiar with, and accept the obligations of, Section 937,0505, Florida Statutes. SIGNATURE Synthetic laptic presentation of highward apid the faithful for apid segistered agent. I am familiar with, and accept the obligations of, Section 937,0505, Florida Statutes. 12. OFFICERS AND DIRK CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRK CTORS 14. 1 THE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRK CTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRK CTORS IN 12. 16. TAMPA FL 33607 16. COTY, ST. 2P 17. AMPA FL 33607 16. CORNOY, MICHAEL P 27. AMM				ļ.	B2	Street Add	ress (P.O. Box Number is Not Acceptat	vie)			
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The provisions of Sections 607 (000° and 607 1508). Findis Statutes, the above many corporation submits this statement for the purpose of changing its registered office for registered agent, or both, in the State of Funds. Statut change was authorized by the corporation's board of directors. I hereby accept the obligations of Joseph Funds Statutes. SIGNATURE 2.											
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07(3)(kg, Florida Statutes, Fluring certify that the information indicated on this annual report an 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 of 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 atypic ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SURING OFFICER OR DIRECT

1/29/90 Date

813-877-822レ Daytime Phone # PDE034 (12/05)