

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000053951 (6)

1. Corporation Name

CORPORATE STRATEGIC DIRECTIONS, INC.



Principal Place of Business

2805 PARKLAND BLVD.
TAMPA FL 33629

Mailing Address

2805 PARKLAND BLVD.
TAMPA FL 33629

3. Date Incorporated or Qualified
07/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3325686

Applied For

Not Applicable

22

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

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

MARTIN, BERTRAM T JR.
2805 PARKLAND BLVD.
TAMPA FL 33629

81. Name

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

83.

84. City

FL 85 Zip Code
33609

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 title as applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, BERTRAM T JR.
2805 PARKLAND BLVD.
TAMPA FL 33629

DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP
Change Addition

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, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bert T. Martin Jr 3/29/96 813-348-3883

CR2E034 (12/95)