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PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000059921 (3) DOCUMENT #

Country

9. Name and Address of Current Registered Agent

25

JMT OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

2a. Maling Address

City & State

Zip

Suite, Apt. #, etc.

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3510 SHADOWOOD DRIVE VALRICO FL 33594

2. Principal Place of Business

MASSARO, JAMES M

VALRICO FL 33594

1103 HARDWOOD DRIVE

Suite, Apt. #, etc.

Crty & State

21

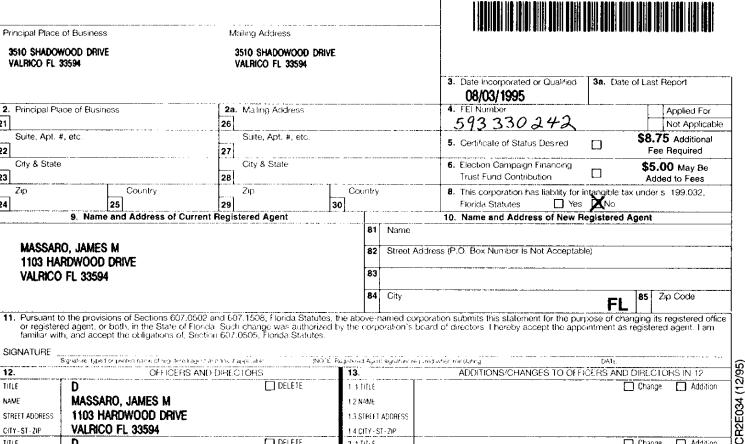
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Zip

3510 SHADOWOOD DRIVE VALRICO FL 33594



| SIGNATURE _ | Signature, typed or pented name of regularizating of anothrouse | qqiillabir (NOTE | Registered Ayent Signature required | when marshalang | DA1t. | |
|-----------------|---|------------------|-------------------------------------|---|----------|------------|
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | □ DELÉTE | 1 1 TITLE | | ☐ Change | ☐ Addition |
| NAME | MASSARO, JAMES M | | 1.2 NAME | | | |
| STREET ADDRESS | 1103 HARDWOOD DRIVE | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | VALRICO FL 33594 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | DELETE | 2 1 THILE | | ☐ Change | ☐ Addition |
| NAME | MASSARO, JOSEPH J | | 2.2 NAMÉ | | | |
| STREET ADDRESS | 3510 SHADOWOOD DRIVE | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | VALRICO FL 33594 | | 2.4 CITY - ST - ZiP | | | |
| TIFLE | | □ DELETE | 3 1 TITLE | | ☐ Change | Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4 CiTY - ST - ZiP | | | |
| TITLE | | DELETE | 4 1 Till_F | | ☐ Change | Addition |
| NAME | | | 4.2 NAME | | | Į |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CiTY+S1+ZiP | | | |
| TITLE | | □ DELETE | 5 1 TiTLE | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAMÉ | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 5.4 CITY - S1 - ZIP | | | |
| TITLE | | □ DELFTE | 6 1 TITLE | | Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 64 CITY - ST. ZIP | | | |

Country

81 Name

82

83

City 84

30

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 office or director of the corporation or the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an interhent with an address. JAMES M MASSARO 4-19-96 813-681-6921

SIGNATURE:

SIGNATURE AND WIND OF PRINTED NAME OF THE ITED NAME OF SIGNING OFFICER OR DIRECTOR