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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	AL REPORT	Secr	a B Mormain etary of State of CORPORATIONS		
DOCUM 1, Corporation N	IENT # P9500	0077564	(9)		
	OST AGENCY INC.				
4214 ESTRELLA 4214		Mailing Address 4214 ESTRELLA TAMPA FL 33629		i idinati na 1640. ann ann an	
THE STATE OF				3. Date Imaginarated or Qualified	3a. Date of Last Report
2. Principal Place	e of Business N. LAVBER WAY	2a. Mailing Address		4. FEI Number 59-334 8/73	Applied For Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 TAMP	PA FLORIDA	Orty & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 33 6 /	14 25 USA	Zip 29	Country 30		No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New F	Registered Agent
BOYAC	CHEK, EDWARD R		1 - 1	ldress (P.O. Box Number is Not Acceptat	ole)
4214 E	STRELLA			diesa (i.o. box italiae	
_ TAMPA	\ FL 33629		83		
			84 City		FL 85 Zip Code
SIGNATURE _	FDWARD R. BoYACAC Signature typed or printed marke of registered agricult	austrie Lapphorie	Coleward RU (NOTE FLORE A PORT SUPERIOR FOR	oration submits this statement for the property of directors. Thereby accept the appropriate the entire of the property of the appropriate the entire of the property of the p	4/26/96 FICERS AND DIRECTORS IN 12
TITLE	OFFICERS AN	DECEME	1 \ TIMF		Change Addition
NAME	EDWARD R. BOYACH	ck	1.2 NAME		
STREET ADDRESS	USIN ESTRULLA	<i>7</i> ·	1.3 STREET ADDRESS		
CITY-ST-ZIP	TRAPA PLA	JA 127	1.4 C-TY - ST - Z-P 2. 1 TH - E		Change Addition
TITLE	TRAPA PLA. V.P. SEC. FTREAS SONDRA D. BOYAS	hell	2 2 NAME		
NAME STREET ADDRESS	MOIN ESTALLIA		2.3 STREET ADDRESS		
C-TY - ST - Z/P	TAMPA, FLA.	13629	2.4 CITY - ST - ZiP		Change Addition
TITLE		DELETE	3) DILE 32 NAME		
NAME			3.3 STREFT ADDRESS		
STREET ADDRESS CITY - ST - ZIP			3 4 CITY - S1 - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
CITY-ST-ZIP		DELETE	5 1 TITLE	2000019	Change 🔲 Addition
NAME	52 NAME		5 2 NAME	300001848953 Addition -06/04/9601003034	
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	-
CITY - ST - ZIP		F3 00: 515	54 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	6 1 TITLE 62 NAME		٠ ١ م
NAME			63 STREET ADDRESS		2-1-1
STREET ADDRESS			64 CITY - \$1 - 712		<u> Aktr</u>
CITY - ST - ZIP	L Control of the cont	Luite tale filogue voluntari	v furnished and does not qua	lify for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further

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. Turther 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 cartify 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 cartify 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 cartify that I am an officer or director of the corporation or the receiver or trustee enipowered 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:
Durate Press
Display Press