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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000078238 (9)

1. Corporation Name

LAW OFFICES OF MICHAEL S. SPEROUNES, P.A.

Principal Place of Business

7819 N. DALE MABRY HWY  
102  
TAMPA FL 33614

Mailing Address

7819 N. DALE MABRY HWY  
102  
TAMPA FL 33614-3210

3. Date Incorporated or Qualified  
10/12/1995

3a. Date of Last Report  
10/01/1996

2. Principal Place of Business

21 4021 A W. WATERS AVE

Suite, Apt #, etc.

22 Suite 200

City & State

23 Tampa FL

Zip

24 33614

Country

25 USA

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0611803

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LAW OFFICES OF MICHAEL S. SPEROUNES, P.A.  
7819 N DALE MABRY HWY  
102  
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

SAME

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

4021 A W. WATERS AVE

83

Suite 200

84 City

TAMPA

FL

85 Zip Code

33614

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 if applicable

MICHAEL SPEROUNES, Pres.

3/14/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME SPEROUNES, MICHAEL S  
STREET ADDRESS 7819 N DALE MABRY HWY  
CITY-ST-ZIP TAMPA FL 33614

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD  
1.2 NAME SPEROUNES, MICHAEL  
1.3 STREET ADDRESS 4021 A W. WATERS AVE. Ste. 200  
1.4 CITY-ST-ZIP TAMPA FL 33614

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, its 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 Change or Addition is an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SPEROUNES, Pres.

3/14/97

813 248-1333

Date

Daytime Phone

CR2E034 (9/96)