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PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED SECRETARY OF STATE

DIVISION OF CORPORATIONS

Secretary of State
DIVISION OF CORPORATIONS

00 MAY -5, AM 11: 04 P95000082479 (3) DOCUMENT # GOUZE & ASSOCIATES, P.A. Mailing Address Principal Place of Business 200 CENTRAL AVE. SUITE\_1510 200 CENTRAL AVE. SLITE-4810 ST. PETERSBURG FL 33701 2210 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified US 10/26/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3351640 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 20/0 Fee Required )uite Suite 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 30 24 25 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name GOUZE, CATHERINE E 200 CENTRAL AVE., STE 4545 82 Street Address (P.O. Box Number is Not Acceptable) 83 ST PETERSBURG FL 33701 Zip Code 84 City 85 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 little if applicable shiOTE Registered Agent signature required when reinstaling! OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 DELETE Channe Addition 1 I TITLE Ţ: ' . Ş GOUZE, CATHERINE E 1.2 NAME 200 CENTRAL AVE, 2210 1 3 STREET ADDRESS STREET ADORESS ST. PETERSBURG FL 047 ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE 71713 NAME: 2 2 NAME 400003251514--6 -05/12/00--01143-<u>-004</u> SIREET ADDRESS 23 STREET ADDRESS 2 4 CITY - ST - ZIP C11 - ST - ZIP DELETE DELE 31 TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CIT++ST-ZIP Addition Change DELETE DESE 4.1 TULE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP

14. I 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 or the receiver or trustee empowered to execute this specific as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes of the corporation of

5.1 TITLE

5.2 NAME

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5.4 CITY - ST - ZIP

SIGNATURE: X

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