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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

I. Corporation	MENT # P9500 0 T PRESS, INC.	0083040 (2	2)	
Principal Place	e of Business	Mailing Address		
5018 TAMPA WEST BLVD. TAMPA FL 33634		5018 TAMPA WEST BU TAMPA FL 33634	LVD.	
9 Principal DI	ace of Business			3. Date Incorporated or Qualified 10/26/1995 3a. Date of Last Report
21 21	ace of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		Applied For Not Applicable
22		27		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
24	9. Name and Address of Current	29	30	Florida Statutes X Yes No
	3. Hamo and reduces of Outlet	r neglisteren Alfelit	81 N	10. Name and Address of New Registered Agent
AMAN, J	EFFREY A ESQ.			
	ORTH DALE MABRY HIGHWAY,	SUITE 314	[82] St	Street Address (P.O. Box Number is Not Acceptable)
tampa f			83	
			1 [FL 85 Zip Code
SIGNATURE _	ed agent, or both, in the State of Florid th, and accept the obligations of, Section Styrature, typod or printed name of registered agent a			ned corporation submits this statement for the purpose of changing its registered office tion's board of directors. I hereby accept the appointment as registered agent. I am Patter required when reinstating! Date
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	U TENENNA INNERIL A	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	TEDESCO, JOSEPH R		1.2 NAME	
STREET ADDRESS	5018 TAMPA WEST BLVD. TAMPA FL 33634		1.3 STREET ADDR	RESS
TITLE	D		1.4 CITY - ST - ZIP	P
NAME	TEDESCO, DIANE Ł	☐ DELETE	2. 1 TITLE	Change Addition
STREET ADDRESS	5018 TAMPA WEST BLVD.		2.2 NAME	
CITY-ST-ZIP	TAMPA FL 33634		2 3 STREET ADDR	
TITLE		[7] DELETE	24 CITY-ST-ZIP 3 1 TITLE	
NAME			3.2 NAME	Change Addition
STREET ADDRESS			3.3 STREET ADDR	IRFSS
CiTY-ST-ZiP			3.4 CITY - ST - ZIP	
TITLE		DELETE	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDR	RESS
CiTY - ST - ZIP			4.4 CHTY - ST - ZIP	>
TITLE		☐ DELETE	5. 1 TITLE	☐ Change ☐ Addition
NAME CIBLET ADDRESS			5.2 NAME	
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRI	
TITLE		[7] DELETE	54 CHY-ST-ZIP 6 1 TITLE	
NAME			6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			6.3 STREET ADDRE	DECC
CrTY-ST-ZiP			6.4 CITY - ST - ZIP	i i
14. I do hereby	certify that the information supplied wi	th this filing is voluntarily furni	shool and doos not	A south the state of the state
oath; that I appears in E	and information indicated on this annual am an officer or director of the corpora Block 12 or Block 13 if changed, or on	report or supplemental annu- tion or the receiver or trustee an attachment with an addre	al report is true and empowered to exe ss.	in quality for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further and accurate and that my signature shall have the same legal effect as if made under secure this report as required by Chapter 607, Florida Statutes; and that my name

4-25-96 8/3-885-6794
Date Daytime Prione •