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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

## 1996

	1330	DIVISION OF C							
DOCUI 1. Corporation	MENT # <b>P95000</b>								
CORO	INVESTMENTS OF HERNAN	DO COUNTY, INC.							
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Principal Place of Business Mailing Address									
10549 N. FLO	RIDA AVENIIF	10549 N. FLORIDA AVENUE							
SUITE K		SUITE K	J.C.						
TAMPA FL 33	612	TAMPA FL 33612			3. Date Incorporated or Qualified	3a. Date of	I asi R	lenort	ጎ
					11/08/1995		Luo. 11	орог	
· ·	ace of Business	2a. Mailing Address			4. FEI Number	<b>.</b>	$\top$	Applied For	1
21		26			59 - 3347701			Not Applicable	]
Suite, Apt. (	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>-</b>	Additional Required	
City & State	)	City & State			Election Campaign Financing		<del></del>	May Be	-
23		28			Trust Fund Contribution			d to Fees	
Zip	Country	Zip	_ 000	intry	8. This corporation has liability for		ınder s	199.032,	7
24	9. Name and Address of Current		30	<del></del>	<u> </u>	□No			4
	5. Name and Address of Current	negistered Agent	<del></del> -	81 Name	10. Name and Address of New F	legislered Ag	ent		-
HENDERS	SON, THOMAS N								_
101 EAST KENNEDY BLVD.			82 Street Addr	ess (P.O. Box Number is Not Acceptat	He)			ŀ	
SUITE 3700 BARNETT PLAZA				63					1
tampa f	L 33602			84 City			85 Zı	p Code	4
				- '		- I - I	· I ·	•'	
11. Pursuant to or registers	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida	and 607.1508, Florida Statutes, a. Such change was authorized	the abo	ve-named corpor corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of chang	ing its r	egistered office	]
familiar wit	h, and accept the obligations of, Section	n 607,0505, Florida Statutes.	~,	o porazor o boar	o or an octore. Thoropy accopt the app	OFFICE HOLL CO. 10)	JISIO OU	agont rain	1
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if envicable (NOTE:	Booistered	Agent signature required	d urban reinctativa)	DATE			_
12.	OFFICERS AND		13.	Page III agranto o Todonos	ADDITIONS/CHANGES TO OFF		RECTO	PS IN 12	- 66
TIPLE	President	☐ DELETE	1. 1 T	TLE			Change	☐ Addition	12
NAME	Victor R. Fransen		1,2 NA	MF					4
STREET ADDRESS	8221 Old Courthouse		132 717	24.5					- 1 ന
CITY-ST-ZIP TITLE	TT	Rd. Suite 204		REE1 ADDRESS					8
	Vienna VA 22182		1.3 ST	REET ADDRESS TY-ST-ZIP					RZE03
	Exec. Vice Pres. &	Assist Sec.	1.3 ST 1.4 CI 2. 1 TI	REET ADDRESS TY-ST-ZIP TLE			Change	Addition	CRZE03
NAME	Exec. Vice Pres. & W. Parkinson Myers	Assist Sec.	1.3 ST 1.4 CI 2. 1 TI 2.2 NA	REE1 ADDRESS IY-S1-ZIP TLE			Change	☐ Addition	CR2E034 (12/95)
NAME STREET ADDRESS	Exec. Vice Pres. & W. Parkinson Myers 10549 N. Florida Av	Assist Sec.	1.3 ST 1.4 CI 2. 1 TI 2.2 NA 2.3 ST	REE1 ADDRESS  TY-ST-ZIP  TLE  JME  REET ADDRESS			Change	Addition	CR2E03
NAME	Exec. Vice Pres. & W. Parkinson Myers 10549 N. Florida Av. Tampa FL 33612	Assist . Sec.	1.3 ST 1.4 CI 2. 1 TI 2.2 NA 2.3 ST	REE1 ADDRESS IY-ST-ZIP TLE IME REET ADDRESS IY-ST-ZIP			Change Change	Addition	CR2E03
NAME STREET ADDRESS CITY-ST-ZIP	Exec. Vice Pres. & W. Parkinson Myers 10549 N. Florida Av. Tampa FL 33612 Vice President and Marc C. Hutchinson	Assist . Sec.  Tenue, Suite K  Secretar 9ELETE	1.3 ST 1.4 CI 2. 1 TI 2.2 NA 23 ST 24 CI	REET ADDRESS IY-ST-ZIP TLE IME REET ADDRESS IY-ST-ZIP TLE					CR2E03
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Exec. Vice Pres. & W. Parkinson Myers 10549 N. Florida Av. Tampa FL 33612  Vice President and Marc C. Hutchinson 8221 01d Courthouse	Assist . Sec.  Tenue, Suite K  Secretar 9ELETE	1.3 ST 1.4 CI 2. 1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA	REET ADDRESS IY-ST-ZIP TLE IME REET ADDRESS IY-ST-ZIP TLE					CR2E03
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	Exec. Vice Pres. & W. Parkinson Myers 10549 N. Florida Av. Tampa FL 33612 Vice President and Marc C. Hutchinson	Assist Sec.  Tenue, Suite K  Secretar PELETE  Rd. Suite 204	1.3 ST 1,4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF	REET ADDRESS IY-ST-ZIP TLE IME REET ADDRESS IY-ST-ZIP TLE IME IME IREET ADDRESS IY-ST-ZIP IREET ADDRESS IY-ST-ZIP					CR2E03
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Exec. Vice Pres. & W. Parkinson Myers 10549 N. Florida Av. Tampa FL 33612  Vice President and Marc C. Hutchinson 8221 01d Courthouse	Assist . Sec.  Tenue, Suite K  Secretar 9ELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.1 TI	REET ADDRESS  IY-ST-ZIP  TLE  IME  REET ADDRESS  IY-ST-ZIP  TLE  IME  IREET ADDRESS  IY-ST-ZIP  TLE  TLE  TLE  TLE					CR2E03
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Exec. Vice Pres. & W. Parkinson Myers 10549 N. Florida Av. Tampa FL 33612  Vice President and Marc C. Hutchinson 8221 01d Courthouse	Assist Sec.  Tenue, Suite K  Secretar PELETE  Rd. Suite 204	1.3 ST 1.4 CP 2.1 TI 2.2 NA 2.3 ST 2.4 CP 3.1 TI 3.2 NA 3.3 ST 3.4 CP 4.1 TI 4.2 NA	REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  IY-ST-ZIP  TLE  ME  IREET ADDRESS  IY-ST-ZIP  TLE  ME  IREET ADDRESS  IY-ST-ZIP  TLE  ME			Change	Addition	CRZE03
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Exec. Vice Pres. & W. Parkinson Myers 10549 N. Florida Av. Tampa FL 33612  Vice President and Marc C. Hutchinson 8221 01d Courthouse	Assist Sec.  Tenue, Suite K  Secretar PELETE  Rd. Suite 204	1.3 ST 1.4 CI 2.1 TI 22 NA 23 ST 24 CI 3.1 TI 32 NA 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST	REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  IY-ST-ZIP  TLE  ME  IREET ADDRESS  IY-ST-ZIP  TLE  ME  REET ADDRESS  IY-ST-ZIP  TLE  ME  REET ADDRESS			Change	Addition	CR2E03
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NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP	Exec. Vice Pres. & W. Parkinson Myers 10549 N. Florida Av. Tampa FL 33612  Vice President and Marc C. Hutchinson 8221 01d Courthouse	Assist . Sec. enue, Suite K Secretar yellere Rd. Suite 204	1.3 ST 1.4 CI 2. 1 TI 2.2 NA 2.3 ST 2.4 CI 3. 1 TI 3.2 NA 3.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CI	REET ADDRESS IY-ST-ZIP TLE IME REET ADDRESS IY-ST-ZIP TLE IME IREET ADDRESS IY-ST-ZIP TLE IME REET ADDRESS IY-ST-ZIP TLE			Change Change	Addition  Addition	CR2E03

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chipter 607, Florida Statutes, and that my name appears in Block 12 or Block 31 or no an attachment with an address.

SIGNATURE:

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(103/566-1006)