SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000087023 (4)**

1. Corporation Name
PORVAZNIK-COLLINS, INC.

Principal Place of Business	Mailing Address
3000 GULF--TO-BAY BLVD. **CLEARWATER FL 34619**	**3000 GULF--TO-BAY BLVD.** **CLEARWATER FL 34619**

3. Date Incorporated or Qualified: **11/13/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 Porvaznik Collins, Inc.
Suite, Apt. #, etc.
22 19321 US Hwy N N C 404
City & State
23 Clearwater FL
Zip 24 34624 Country 25 USA

2a. Mailing Address
26 Porvaznik-Collins, Inc.
Suite, Apt. #, etc.
27 19321 US Hwy N N C 404
City & State
28 Clearwater FL
Zip 29 34624 Country 30 USA

4. FEI Number: 59-3339252 ☐ Applied For ☐ Not Applicable

5. 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

PORVAZNIK, PAUL J
3000 GULF--TO-BAY BLVD.
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: Porvaznik, Paul J.
82 Street Address (P.O. Box Number is Not Acceptable): 2333 Feather Sound Drive
83 C-310
84 City: Clearwater FL 85 Zip Code: 34622

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: Paul J. Porvaznik DATE: 6/10/96
Signature required when reinstating. (NOTE: Registered Agent's Signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paul J. Porvaznik, President 2333 Feather Sound Dr. C-310 Clearwater, FL 34622	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mark Collins, V. P. & Secretary 2211 Wallwood Place Brandon, FL 33510	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ 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	800001886168 -07/08/96--01045--009 ***225.00	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

7-8-96

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)(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 report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul J. Porvaznik 6/10/96 (813)536-5458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/96)