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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	ORATION L REPORT 996		=	3. Morthan ry of State CORPORA		VS			
DOCUM 1. Corporation N	ENT # P950	88000	261 (9)						
Principal Place of	f Business	Mailing	Address				I INCINATION BIN AND ABOUT COLUMN	DEITE BEI At 16161 1819 11916 21121 1191 1191	
250 126TH AVE	250 126TH AVENUE EAST. #201 250 126TH AVENUE EAST. #3								
TREASURE ISLA	AND FL 33706	Incr	IOUTE TOOMS TE	337,40			3. Date Incorporated or Qualified	3a. Date of Last Report	
							11/10/1995	A LEGISTON	
2. Principal Plac	e of Business	2a. Ma	ailing Address				4. FEI Number	Applied For Not Applicable	
21		26						\$8.75 Additional	
Suite, Apt. #,	etc.	27	iite, Apt. #. etc.				5. Certificate of Status Desired	Fee Required	
City & State		Ci	ty & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	Country	28 Z		Cou	intry		8. This corporation has liability for	intangible tax under s. 199.032,	
Zip 24	25	29		30				No No	
24	9. Name and Address of C	urrent Register	ed Agent				10. Name and Address of New I	registered Agent	
					81	Name			
YEOMAN,	250 128TH AVENUE EAST, #201					Street Ad	Address (P.O. Box Number is Not Acceptable)		
250 126T									
TREASURE ISLAND FL 33706								B5 Zip Code	
_ •					84	1 1			
or registere familiar with	and accept the obligations o	if, Section 607.05	05, Florida Statute	S.	d Åge		poration submits this statement for the poard of directors. I hereby accept the applied who revalues? ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12	
12.		RS AND DIRECT	DELETE		1ITLE		7,00,10,10	Change Addition	
TITLE NAME STREET ADDRESS	D YEOMAN, CHARLES 250 126TH AVENUE EA	IST, #201	T Dreet	1.2	NAME	T ADORESS			
CITY-ST-ZIP	TREASURE ISLAND FL	33706		1.4	CITY -	ST-ZIP		Change Addition	
TITLE	D		☐ DELETE		TITLE			C Stange C Tourist	
NAME	PERKOWSKI, JUNE G	AT KAGE			NAME	1			
STREET ADDRESS	250 126TH AVENUE EA	NOI, #201 2270€				1 ADDRESS ST-ZIP			
CITY-ST-ZIP	TREASURE ISLAND FL	33100	DELETE		TITLE			Change Addition	
TITLE					NAMÉ				
NAME DANSEL LEDDISCO						ET ADDRESS			
STREET ADDRESS				3 4	CITY-	- S1 - ZIP		Change Additio	
TITLE			DELFTE	4.	1 THUE	•		Cnange Additio	
NAME				- 1	NAME	1			
STREET ADDRESS				1		FT ADDRESS			
CITY - ST - ZIP			CT procts		TITLE	ST-ZIP		Change Addition	
TITLE			DELETE	1	n Hilli 2 NAMI		4000017 -04/22/960	18827 4	
NAME						ET ADDRÉSS	-04/22/96U	1024028	
STREET ADDRESS						·ST-ZiP	***200.00		
CITY - ST - ZIP			DELETE		1 III.			☐ Change ☐ Additio	
TITLE				6	2 NAM	IĒ		DC-6	

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)(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 efficer or director of the corporation or the 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 chapted an an attachment with an address. 6 4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAMÉ

STREET ADDRESS

MOUNT CHARLES R. KEGNIAN 4-11-96 813-360-6509