	E NOW: FILI PROFIT	NG FEE AFTE								
CORPORATION			FLORIDA DEPARTMENT Sandra B. Mortha							
ANNUAL REPORT 1996			Secretary of State DIVISION OF CORPORTIONS							
DOCU	MENT# F	95000088		<del></del>						
1. Corporation PRE-VE	n Name EIL OF TAMPA B <i>i</i>			(-)	i	,				
Principal Place of Business			Mailing Address							
T11461 61 6446.			4 W WATERS JPA FL 33634		-					
A Discipal D	- AD			·		3. Date incorporated or Qualified 11/07/1995		e of Last Re	eport	
2. Principal Pl 21 Suite, Apt.	lace of Business	26	Mailing Address			4, FEI Number 59 - 334 - 800	2	i	Applied For Not Applicable	
City & State		27	uite, Apt. #, e	eic,		5. Certificate of Status Desired		•	Additional Required	
<b>23</b> Zip	Count	28	ip	Co		6. Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees	
24	25	29 ess of Current Register		30	γ 		s Mo		199.032,	
COHN, V	/ANESSA N				1 Name	10. Name and Address of New		Agent		$\dashv$
	ZEELE STREET				2 Street Add	iress (P.O. Box Number is Not Accept	able)			
					4 City			<b>85</b> Zip	Code	$\dashv$
or register	ed agent, or both, in the	ions 607.0502 and 607.1 State of Florida. Such of ations of, Section 607.050	nance was au	athorized by the	Trained COLDO	oration submits this statement for the pard of directors. I hereby accept the ap	urpose of che pointment a	anging its re registered	egistered offic agent. I am	;e
SIGNATURE		of registered agent and title if appli		(NOTE Registere	ont signature require		DATE			
12. TITLE	D	OFFICERS AND DIRECTO	ORS DELET	<b>13.</b>	ont signature recture	ADDITIONS/CHANGES TO O	FICERS AN		<u></u>	(12/95)
NAME	BAKER, DAVID			12 N	f f			☐ Change	Addition	8
STREET ADDRESS CITY-ST-ZIP	6014 W WATERS TAMPA FL 33634	AVE			FT ADDRESS					CR2EO
TITLE			DELETI	140 E 21	- ST- ZIP E			Change	Addition	- წ
NAME STREET ADDRESS				22 N	<u> </u>			_	_	
CITY-ST-ZIP				235	CI ADDINESS					
TITLE			☐ DELETE		1.31.51L			Change	☐ Addition	$\dashv$
NAME STREET ADDRESS				3.2 N	٠					
CITY-S1-ZIP				33 5	n El ADUNESS					
TITLE			DELETE		- ST - ZIP F			Change	Addition	-
NAME STREFT ADDRESS				4.2 N						
C/TY-ST-ZIP				4.3 S	ET ADDITESS					
TITLE			DELETE		J 40	<del></del>	·	Change	☐ Addition	$\dashv$
NAME STREET ADDRESS				52 N						
CHY-ST-ZIP				53S	ET ADDRESS					
TITLE			☐ DELETE		31-71			Change	☐ Addition	
NAME CARLLA ADODESC				62 N						
STREET ADDRESS CITY - ST - ZIP				63 S 64 C	1 ADDITESS					
14. I do hereby certify that	the information indicate	tion supplied with this filin d on this propual report or	supplements	ly furnished and		for the exemption stated in Section 11	9.07(3)(k). FI	orida Statuti	es. I further	-
oath: that i	Lam an officer or directo	or the corporation or the changed, or on an attach	e receiver or f	tructee emmauve	rue and accura	ate and that my signature shall have th iis report as required by Chapter 607,	ve same lega	l effect as if	made under	
SIGNAT	URE:	<i>//</i>		DAVID	3. BAK	VER 4-15.96	81	3.243.	0587	
	SIGNATUR	E AND TYPED OR PRINTED NAI	w¢ OF SIGNING :	OFFICER OR DIREC	<b></b>	Date		Daylime Phone II		- i