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



COL	PROFII RPORATION UAL REPORT 1996		ORIDA DEPARTA Sandra B. N Secretary o DIVISION OF CO	Mortham of State				
1. Corporation	MENT # PS	9500009268	30 (4)					
	on the contract of the contrac	110.				E PROGREGO (120 TORA) AND ARRIVANTO ARRIVA		111 <b>0</b> 1 1 <b>3</b> 111 6011 1301
	· · · · · · · · · · · · · · · · · · ·							
Principal Place of Business Mailing Address						a tantiane sien fardt Ateit Mülle Still Mille	BRILD SAME (SAID B	iliat ikili anlı ihdi
782 ARTHUR: TARPON SPE	S COURT RINGS FL 34689		JRS COURT PRINGS FL 34689			3. Date Incorporated or Qualified 3	3a. Date of La	at Based
						12/06/1995	Date of La	st neport
<b></b>	lace of Business	<u></u>	2a. Mailing Address			4. FEI Number	- 01	Applied For
Suite, Apt.	# oto	···-··-	26			59-350/5	28	Not Applicable
22	w, 6to.	J	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional
City & Stat	e	City & S	State			6. Election Campaign Financing		ee Required  .00 May Be
23		28				Trust Fund Contribution		olded to Fees
Zip 24	Country 25			Country	1	8. This corporation has liability for intar		ors 199.032,
-		29 ss of Current Registered Ag	gent 30	<u>'</u>		Florida Statutes Yes To Name and Address of New Regi		
				81	Name	Traine on a radioss of flew flegi	stered Agent	
KLISTON	I, TODD W			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	BROWARD BLVD.				Olivedi Ad	dress (F.O. Box Number is Not Acceptable)		
SUTIE 3				83				
PLANTA	110N FL 33324			84	City		<b></b> 85	Zip Code
11 Durawant	to the provisions of Costin	607.0600 1.003.4500						
or register	red agent, or both, in the S	ris 607.0502 and 607.1508, F State of Florida. Such change	iorida Statutes, tri was authorized by	ie above-r y the corp	named corp loration's bo	oration submits this statement for the purpos ard of directors. I hereby accept the appointr	e of changing in ment as registe	its registered office
	irii, & iu accept the obligati	ions of, Section 607.0505, Fic	rida Statutes.					
SIGNATURE	Signature, typed or printed name of	registured agent and tilk, if applicable	(NOTE Re	gistered Ager	nt signaturo requi	red when reinstating)	DATE	
12.	OF	FICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER		CTORS IN 12
TITLE	D OTEN STERVIEW		DELETE	1 1 TITLE			Chan	ge 🔲 Addition
NAME CERTEX APPRECES	GRADY, STEPHEN I		1.2					
STREET ADDRESS 782 ARTHURS COURT CITY-ST-ZIP TARPON SPRINGS FL 34689				1.3 STREET ADDRESS				
TITLE					IT - ZIP			
NAME		L.	DELETE	2.1 TITLE 2.2 NAME	Ì		Chan	ge
STREET ADDRESS	0500			2.3 STREET	ADDRESS			
CITY-ST-ZIP			ĺ	24 CITY-S				
TITLE				3 1 TITLE			Chan	ge 🔲 Addition
NAME	ADDRESS 33 S			3.2 NAME				
STREET ADDRESS				33 STREET	* I			
CITY-ST-ZIP TITLE			DELETE	3.4 CITY - S	T-ZIP		F-1 A	
NAME	FSS 42 N			4. 1 TITLE 4.2 NAME		100001839	Chang	ge 🔲 Addition
\$TREET ADDRESS				4.3 STREET ADDRESS		-05/25/9601001002		
CITY-ST-ZIP				44 CHY-S	- 1	***200.00		
TITLE			DELETE	5 1 TITLE			[] Chang	ge 🔲 Addition
NAME				5.2 NAME				
STREET ADDRESS				53 STREET	ADDRESS			l
CITY-ST-ZIP	į			5.4 CITY-S	T-ZIP			
TITLE		i i i i i i i i i i i i i i i i i i i	DELETE	6 1 TiTLE			Chang	e Addition

6.4 CITY - ST - 7IP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fring 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 if istee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 in changed, or on an attachment with a address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING EQUICER OR DIRECTOR

Dispute Phone 9.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP