## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION, ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham "

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000021486 (1)

DIANE COLLINS & ASSOCIATES INC.

Principal Place of Business 807 W BUSCH BLVD. UITE 100 AMPA FL 33618	Mailing Address 2807 W BUSCH BLVD. SUITE 100 TAMPA FL 33618-4518	2907 W BUSCH BLVD. SUITE 100		3. Date Incorporated or Qualified 3a. Date of Last Report		
			03/07/1996			
2. Principa: Place of Business	28. Mailing Address		4. FEI Number	Ar	plied For	
<u> </u>	26		59-3371940		t Applicable	
Suite, Apt. #, etc. 2	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Fee Re	Additional equired	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees	
Zip Country	Zip	Country	8. This corporation has liability for it			
25	29	30	Florida Statutes	Yes No		
9. Name and Address of	Current Registered Agent	<b>81</b> Name	10. Name and Address of New Re	gistered Agent		
2807 W'BUSCH BLVD. SUITE 100 TAMPA FL 33618  11. Pursuant to the provisions of Sections 6	607 0502 and 607 1508 Florida Stat	83 84 City	fress (P.O. Box Number is Not Acceptab	FL 85 Zip	Code	
ornice of registered agent, or boot, in tr	he obligations of Section 607 0505	Florida Statutes.				
office or registered agenit, or both, in the agenit I am familiar with, and accept the SGNATURE Signature speed or profile name of register.  2. OFFICE PROFILE PROFIL	jistered agent and title if applicable (N	OIE Registered Agent signature requi		DATE DERS AND DIRECTOR Change		
PGNATURE Signature, system or printed name of regions.  2. OFFICE REF AME DVANG COUNTY 10380 CANOLITY TAMPA FL. 3	istered agent and tile if applicable (N ERS AND DIRECTORS	OIE Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	nred when reinstating)	CERS AND DIRECTOR	RS IN 12 Addition	
Signature: Speed or possed name of regions.  2. OFFICE RE RME RME RHELADDRESS 1Y-SI-ZIM RHELADDRESS RHELADDRESS RHELADDRESS RHELADDRESS RHELADDRESS	intered agent and title if applicable (N ERS AND DIRECTORS S.+T.+D. DELETE Wood Ln #26 f 3618	OIE Registered Agent signshure required.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	nred when reinstating)	CERS AND DIRECTOR Change	Addition	
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SIGNATURE:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 932.0995

**FILED** 

May 12 1997 8:00am

Secretary of State