

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90279 013 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000081998** *vek*

1. Corporation Name  
**996, Inc.**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 <b>707 S. Washington Blvd.</b>		26 <b>707 S. Washington Blvd</b>		<b>10/03/96</b>		<b>59-3284823</b>		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 <b>Sarasota, FL</b>		28 <b>Sarasota, FL</b>		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
24 <b>34236</b> 25 <b>USA</b>		29 <b>34236</b> 30 <b>USA</b>							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>Icard, Merrill, Cullis, Timm, Et Al</b> Attn: Robert E. Messick 2033 Main Street, Suite 600 Sarasota, FL 34237				81 Name <b>John Tosch, Secretary</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>C/O 996, Inc.</b>			
				83 <b>707 S. Washington Blvd.</b>			
				84 City <b>Sarasota</b> FL 85 Zip Code <b>34236</b>			

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 *[Signature]* **John Tosch, Secretary** DATE **04/27/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>C</b>
NAME	1.2 NAME		<b>Buchanan, Vernon G.</b>
STREET ADDRESS	1.3 STREET ADDRESS		<b>707 S. Washington Blvd.</b>
CITY-ST-ZIP	1.4 CITY-ST-ZIP		<b>Sarasota, FL 34236</b>
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>DP</b>
NAME	2.2 NAME		<b>Parisi, Ernest J.</b>
STREET ADDRESS	2.3 STREET ADDRESS		<b>707 S. Washington Blvd.</b>
CITY-ST-ZIP	2.4 CITY-ST-ZIP		<b>Sarasota, FL 34236</b>
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>S</b>
NAME	3.2 NAME		<b>Tosch, John</b>
STREET ADDRESS	3.3 STREET ADDRESS		<b>707 S. Washington Blvd.</b>
CITY-ST-ZIP	3.4 CITY-ST-ZIP		<b>Sarasota, FL 34236</b>
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>T</b>
NAME	4.2 NAME		<b>Rosa, Salvatore</b>
STREET ADDRESS	4.3 STREET ADDRESS		<b>707 S. Washington Blvd.</b>
CITY-ST-ZIP	4.4 CITY-ST-ZIP		<b>Sarasota, FL 34236</b>
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Salvatore Rosa** DATE **04/27/99** (941) 366-5230

CR2E034 (11/98)