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INDIANAPOLIS, INDIANA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
CORPORATE SERVICES
TAMPA, FL 33602

DOCUMENT # **S08628** (7)
SRS-22 CORPORATION

Principal Office Address: 101 E. KENNEDY AVE SUITE 1818 TAMPA FL 33602
Mailing Address: 101 E. KENNEDY AVE SUITE 1818 TAMPA FL 33602

2. Principal Office of Corporation: 21. Mailing Address:
22. State: 23. City: 24. Zip:
25. State: 26. City: 27. Zip:

3. Date Incorporated or Assumed: 10/19/1990
3a. Date of Last Report: 04/11/1994
4. FID Number: 59-3038159
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
8. Does corporation have liability for information under 5, 1994 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent:
SOLOMON, STANFORD R.
101 E. KENNEDY AVE. SUITE 1818
TAMPA FL 33602

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept this appointment as registered agent. I am familiar with and accept the obligations of said Section 607.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:
1. NAME: PD SOLOMON, STANFORD R.
STREET ADDRESS: 101 E KENNEDY BLVD. 1818
CITY: TAMPA FL
2. NAME: ST SOLOMON, STANFORD R.
STREET ADDRESS: 101 E KENNEDY BLVD. 1818
CITY: TAMPA FL
3. NAME: _____
STREET ADDRESS: _____
CITY: _____
4. NAME: _____
STREET ADDRESS: _____
CITY: _____
5. NAME: _____
STREET ADDRESS: _____
CITY: _____
6. NAME: _____
STREET ADDRESS: _____
CITY: _____
7. NAME: _____
STREET ADDRESS: _____
CITY: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
1. NAME: _____
STREET ADDRESS: _____
CITY: _____
2. NAME: _____
STREET ADDRESS: _____
CITY: _____
3. NAME: _____
STREET ADDRESS: _____
CITY: _____
4. NAME: _____
STREET ADDRESS: _____
CITY: _____
5. NAME: _____
STREET ADDRESS: _____
CITY: _____
6. NAME: _____
STREET ADDRESS: _____
CITY: _____
7. NAME: _____
STREET ADDRESS: _____
CITY: _____

14. I, the undersigned, certify that this statement supplies the true and correct information and that it complies with the provisions of Section 607.01, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name were on the statement. I am familiar with and accept the obligations of said Section 607.02, Florida Statutes, and that my name appears on Block 12 of this statement.

SIGNATURE: *Stanford R. Solomon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/95 813/225-1818