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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

813 392.2101

1996
DOCUMENT #
1. Corporation Name

SIGNATURE:

S11526

(8)

MICA INNOVATIONS OF TAMPA BAY, INC.

Principal Place of Business		Mailing Address		- ( 1981) 1911   1991   1995   1918   1918   1111   1919	
8235 39TH AVE. NO. ST. PETERSBURG FL 33709		8235 39TH AVE. NO.			
OI. PETEROD	UNG FL 33709	ST. PETERSBURG FL 33:	709		
				3. Date Incorporated or Qualified 11/08/1990	3a. Date of Last Report 02/13/1995
2. Principal Pla		2a. Mailing Address	18th St NO	4. FEI Number	Applied For
21 // 66 //8th St NO Suite, Apt. #, etc.				59-3048157	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ninole 7L	City & State 28 SEM (00	10 FT	6. Election Campaign Financing	\$5.00 May Be
Zip ,	Country		Codntry	Trust Fund Contribution  8. This corporation has liability for it	Added to Fees
24 346	42 25 Pinellas	29 34642	30 Pinellas	Florida Statutes Yes	No No
	g. Name and Address of Current	Registered Agent			egistered Agent
			81 Name	<b>2</b>	
FENNELL, DANNY 82 Street Addre				ess (P.O. Box Number is Not Acceptabl	e)
8235 39TH AVENUE NORTH					
ST. PETERSBURG FL 33709			83		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607 1509 Florida Statutos	the obeye period as well	tion submits this statement for the purp	PL
Or registore	ad agent, or both, in the State of Florida in, and accept the obligations of, Section	i. Coch change was aumonzed	by the corporation's board	tion submits this statement for the purp d of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent, I am
	i, and accept the doligations of, Section	ii 607.0505, Florida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered agent e-	nd tale if applicable. (NOTE	Registered Agent a grature required	when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	Р	☐ DELETE	1. 1 TITLE		Change Addition
NAME	FENNELL, DANNY		1.2 NAME		• •
STREET ADDRESS	8235 39TH AVENUE NORTH		1.3 STREET ADDRESS	MILLE 118th St.1 SEMINOLE FL 3	Vo .
CITY-ST-ZIP	ST. PETERSBURG FL 33709	F- B- C-	1.4 C/TY - ST - Z/P	SEMINOLE FL 3	34642
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME .			2 2 NAME		,
STREET ADDRESS CITY-ST-ZIP			2 3 STREET ADDRESS		
TITLE		DELETE	2.4 CITY - S1 - ZIP 3. 1 TITLE		Chones
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-SY-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP			4.4 CHTV - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Charige Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		F) becare	5.4 CITY-ST-ZIP		Per a
NAME		DEL ETE	6. 1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereby	certify that the Information supplied will	th this filing is voluntarily furnish	■ 6.4 City-St-ZiP ed and does not qualify for	the exemption stated in Section 119.0	07(3)(k) Florida Statutes I further
				and that my signature shall have the sereport as required by Chapter 607, Flo	