FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 ... 9:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S12203 (3)

YBOR CITY MASQUERADE, INC.

Principal Place of Business	Mailing Address
1503 E. 7TH AVE. TAMPA FL 33605	1503 E. 7TH AVE TAMPA FL 33605

3. Date Incorporated or Qualified: 11/08/1990
3a. Date of Last Report: 02/18/1994
4. FEI Number: 65-0231481 — Applied For / Not Applicable
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. Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

GARCIA, WILLIAM F., ESQ.
512 E. KENNEDY BLVD.
TAMPA F,L 33602

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIOPELLE, DEAN
STREET ADDRESS	1503 E. 7TH AVE
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section ... 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 has been changed, or is attached with an address.

SIGNATURE: [signature], DEAN RIOPELLE 4-25-95 (813)247-3319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0291037 CP