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

PROFIT CORPORATION ANNUAL REPORT

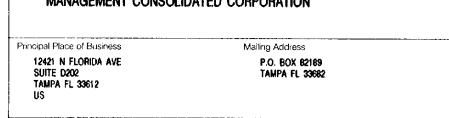


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(4)



1. Corporation	MENT # \$207 AGEMENT CONSOLIDATE	` '			
Principal Place of Business 12421 N FLORIDA AVE SUITE D202 TAMPA FL 33612		Mailing Address P.O. BOX 82189 TAMPA FL 33682			
US				3. Date Incorporated or Qualified 12/26/1990	3a. Date of Last Report 04/10/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 59-3047829	Applied For Not Applicable
Suite, Apt.	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Р	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	stangible tax under s 199.032,
	9. Name and Address of Curr		81 Name	10. Name and Address of New Re	gistered Agent
GOODRICH, LAURENCE I. 2203 N. LOIS AVENUE, SUITE 815 TAMPA FL 33607-2356 82 S 83 84 C				te Daoa	FL 85 Zp Code
11. Pursuant to register familiar with SIGNATURE 12.	Statute, typed or printed name of registered age	celly	the above-named corpor by the corporation's boar Registered Agent signature required	ation submits this statement for the purp of of directors. I hereby accept the appoint division renstating. ADD/TIONS/CHANGES TO OFFICE	ose of changing its registered office intrnent as registered agent. I am 4-22-96 DATE
TITLE	P	☐ DELETE	1. 1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	KELLY, JAMES E 12421 N FLA AVE TAMPA FL		1.2 NAME 1.3 STREET ADDRESS 1.4 City-S1-Zip		
TITLE NAME STREET ADDRESS	VP HAY, CHARLES P 12421 N FLA AVE TAMPA FL	☐ DELETE	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
C-TY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3. STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-7IP TITLE NAME STREET ADDRESS		DELETE	3 4 CITY - ST - ZIP 4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	5 4 CITY-SI-ZIP 6 1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS CITY-ST-7IP 14 L do bereb	y certify that the information supplier	d with this filing is voluntarily furnish	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	or the exemption stated in Section 110.0	7/2010 Clarida Statidas I further

recovered year of the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _

4-22-96 813-935-8361