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

S30907 **DOCUMENT #**

FILED Jan 23 1996 8:00 am Secretary of State

Principal Place of -9250 BRECKI SUITE 208	ENRIDGE	Mailing Address •9256 BRECKENRIDX SUITE 208	SE	1 45 140 150 1411 1614 1614 16		
TAMPA FL 33610 US		TAMPA FL 33610 US		3. Date locarporated or Qualified	3a. Date	09/15/1995
2. Principal Place	of Business BRECKENRIBGE	2a. Mailing Address 26 5650 BK	ECKENES GE	4. FEI Number 0248553		Applied For Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
?」	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes Yes	s No	
T.,	9. Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New I	Registered	Agent
RICH, DONALD E. 12337 YELLOW ROSE CIRCLE RIVERVIEW FL 33569			83 84 Oty	ess (P.O. Box Number is Not Accepta	FI	85 Zip Code
familiar with	grature, by set or product over a program of the CFRS AND RICH, DONALD E.	artitie it application (1) DARECTORS	us. Note: Flagistered Agent signal in nature 13.	ation submits this statement for the pure of directors. I hereby accept the application of directors and the pure renstating ADDITIONS/CHANGES TO OF	DATE	
NAME		☐ DELETE	1 1 TELE			☐ Change ☐ Addition
	12337 YELLOW ROSE DR. RIVERVIEW FL	☐ DELETE	1.3 STREET ADDRESS			
ILE AME	12337 YELLOW ROSE DR.	☐ DELETE	12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 THUE 2.2 NAME 2.3 STREET ADDRESS			
CHY ST-ZIF THE NAME STREET ANDRESS CHY-ST-ZIF THEE	12337 YELLOW ROSE DR.		12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-S1 ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS			Change Addition
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14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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 logal effect as if made under cath, that I am an officer or direct in 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 changed, or on an attachment with an address.

SIGNATURE:

1-17-96 813-622-7770