## 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

DOCUMENT # S39949

(0)

Suite, Apt. #, etc  22	Applied For Not Applicative  75 Additional e Required  00 May Be ded to Fees s 199.032,
ST PETERSBURG FL 33711 US  3. Date Incorporated or Qualified O6/29/1  3. Date Incorporated or Qualified Of O6/29/1  3. Date Incorporated Of Qualified O7/29/1  3. Date Incorporated or Qualified Of O6/29/1  3. Date Incorporated Of Qualified Of Officies O	Applied For Not Applicative  75 Additional e Required  00 May Be ded to Fees s 199.032,
3. Date Incorporated or Qualified 33. Date of Lass 33/22/1991 30/6/29/1  2. Principal Place of Business 2a. Mailing Address 5. Suite, Apt. #, etc 59-3077802 5. Certificate of Status Desired 59-3077802 5. Certificate of Status Desired 59-3077802 5. Certificate of Status Desired 58. State 5. Certificate of Status Desired 58. Election Campaign Financing Trust Fund Contribution Trust Fund Co	Applied For Not Applicative  75 Additional e Required  00 May Be ded to Fees s 199.032,
Suite, Apt. #, etc  Suite, Apt. #, etc  Suite, Apt. #, etc  City & State  City & State  Zip  Zip  Country  B. This corporation has liability for intangible tax under Florida Statutes  Zip  Zip  Zip  Zip  Country  BROIDA, JOEL D ESQ  805 75TH AVE  ST PETERSBURG BCH FL 33706  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  83  Street Address (P.O. Box Number is Not Acceptable)  FL  85  This Pursuant to the provisions of Sections 607 0f-02 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing in or registered agent, or both, in the State of Florida Such change was anthorized by the corporation's board of directors. Thereby accept the appointment as register familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  Signature, typed or general name of registered lagration in the State of Florida Such change was anthorized by the corporation's board of directors. Thereby accept the appointment as registered provided in the purpose of the appointment as registered provided in the purpose of the purpose of changing in the purpose of the obligations of, Section 607.0505, Florida Statutes  Signature, typed or general name of registered agent as the Lagradian submit and provided registered provided registered provided registered provided registered provided registered provided provided registered provided regis	Not Applicative  75 Additional e Required  00 May Be ded to Fees s 199.032,
Suite, Apt. #, etc  22	75 Additional e Required 00 May Be ded to Fees s 199.032,
City & State  Country  Country  Country  Country  Additional Statutes  Florida Statutes  Yes No  No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing in or registered agent, or both, in the State of Florida Such change was anthorized by the corporation's board of directors. Thereby accept the appointment as register amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes  Signature  Signature, typed or pretes name of registered agent or the purpose of the spirator respires when rendering the registered and the purpose of the spirator respires when rendering the registered and the purpose of the spirator respires when rendering the registered and the purpose of the spirator respires when rendering the purpose of the spirator respires when rendering the registered and the purpose of the spirator respires when rendering the registered and the purpose of the spirator respires when rendering the registered and the purpose of the spirator respires when rendering the registered and the purpose of the spirator respires when rendering the purpose of the spirator respirator respires when rendering the purpose of the spirator respirator respires when rendering the purpose of the spirator respirator resp	00 May Be ded to Fees s 199.032,
Zip Country Zip Country 8. This corporation has liability for intangible tax under Florida Statutes Yes No. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name	s 199.032, Zip Code
9. Name and Address of Current Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the above named corporation submits this statement for the purpose of changing in or registered agent, or both, in the State of Florida, Such change was anthorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  85 Signature, typed or pendes name of registered agent and the Laptodate (Notice Registered Agent Signature registered where registaring).  86 DATE  19. ADDITIONS**CHANGES TO OFFICERS AND DIRECTORS	
BROIDA, JOEL D ESQ 605 75TH AVE ST PETERSBURG BCH FL 33706  83  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. The above named corporation submits this statement for the purpose of changing in or registered agent, or both, in the State of Florida Such change was anthorized by the corporation's board of directors. Thereby accept the appointment as registered and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE Signature, typed or pended name of registered agent are the Lapticate (No.15, Florida Statutes).  13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
BROIDA, JOEL D ESQ 605 75TH AVE ST PETERSBURG BCH FL 33706  82 Street Address (P.O. Box Number is Not Acceptable)  83 PL 84 City  FL 85  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Ficrida Statutes, the above named corporation submits this statement for the purpose of changing in or registered agent, or both, in the State of Florida Such change was anthorized by the corporation's board of directors. Thereby accept the appointment as registered millar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE Signature, typed or pended name of registered agent and the Lapidate (No.15) Florida Statutes.  14.15 Fig. Series Agent signature registered with registating (DATE)  12. OFFICERS AND DIRECTORS  13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
83  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing in or registered agent, or both, in the State of Florida. Such change was anthorized by the corporation's board of directors. Thereby accept the appointment as register familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or perited name of registered agree and the Pagadate (Notice Registered agree).  12. OFFICERS AND DIRECTORS  13. ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS	
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NAME RECNITZ, GIDEON 1.2 NAME	, D year on
STREET ADDRESS CITY-ST-ZIP ST PETERSBURG BCH FL 13 STREET ADDRESS 14 CITY-ST-ZIP	
CITY-ST-ZIP   ST PETENSBUNG BCN FL	e 🔲 Addition
NAME 22 NAME	_
STREET ADDRESS 2 3 STREET ADDRESS	
CITY-ST-7IP 24 CITY-S'-7 P	
	ė 🔲 Addation
NAME 32 NAME	
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-S1-ZIP	
TITLE DELETE 4+TITLE Chan	e Addition
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CITY-ST-ZIP 44 CITY-ST-ZIP	
TITLE DELETE 5 : THLE Chan	e 🔲 Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-S1-ZIP 54 CITY-S1-ZIP	
TITLE DELETE 6 1 TITLE Chain	€ ☐ Addition
NAME 62 NAMI	
STREET ADDRESS 63 STREET ADDRESS	
CITY-S1-2IP 6.4 CITY-S1-ZIP  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 119.07(3)(k), Florida State 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 a	tides I furbier

SIGNATURE:

GIDEON RECHAITZ

7/18/96 (814)544-8300

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