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

\$79943

141

 Corporation N 	ENT # \$7994 ; NMENTAL CORPORATION						
Principal Place of	Business	Mailing Address			# 1111 B) B) #2B)	DIDIK BIDII	Albii Albii 1841
205 S. HOOVER SUITE 101 TAMPA FL 3360		1406 MOSS LADEN OO BRANDON FL 33511	URT				
Transit Te 0000	,,			3. Date Incorporated or Qualified 09/13/1991	3a. Date	of Last R /24/19 9	•
2. Principal Place	e o' Business	2a. Mailing Admess		4. FEI Number			Applied For
1		26 P.O. GOX 2	.0153	59-3242311			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		7	Additional Required
City & State			/ l	6. Election Campaign Financing			O May Be
3		28 TAMPA,	FloRida	Trust Fund Contribution			d to Fees
Zip	Country	Zip 29 33622-0/5 t Registered Agent	Country	8. This corporation has liability for		k under s	199.032,
<u> </u>	25	29 3 2 6 4 7 - 6/8	30 1007	Florida Statutes Yes 10. Name and Address of New F	No No		
	9. Name and Address of Curren	t negistered Agent	81 Name	IV. Name and Address of New P	registered /	yent	
CECCADE	III IACK I			80 b W I / W W	.1.)		
CECCARELLI, JACK J. 1406 MOSS LADEN COURT			82 Street Add	ress (P.O. Box Number is Not Acceptat	же)		
BRANDON			83			1	
DIVITION	114 00011		84 Gitv			Ter 7:	- Codo
			84 City		FL	85 Zi	p Code
or registered familiar with, SIGNATURE	l agent, or both, in the State of Floric and accept the obligations of, Secti	la. Such change was auth orize on 607.0505, Florida Statu te s.	ed by the corporation's boa	ration submits this statement for the purific of directors. I hereby accept the app	ointment as	registered	I agent. I am
Sig I r q	prature, typed or printed name of registered agent OFFICERS AND		TE: Registered Agent signature reguln	ed when relastisting: ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	DRS IN 12
TILE	DP	☐ DELETE	1.1 NILE			Change	Addition
AMÉ	CECCARELLI, JACK J		1.2 NAME				
TREET ADDRESS	1406 MOSS LADEN CT.		1.3 STREET ADDRESS				
CITY - S1 - ZIP	BRANDON FL		1.4 CITY - ST - 7:P				
TITLE	DST	☐ DELETE	2. 1 1/ILE] Change	Addition Addition
IAME	CECCARELLI, JANET		2.2 NAME				
STREET ADDRESS	1406 MOSS LADEN CT.		2.3 STREET ADDRESS				
TY-ST-ZIP	BRANDON FL	ma pri car	2.4 CITY-ST-7IP			7 Channa	Addition
ITLE	D,V DIPAULA, GINA H	DELETE	3 1 TITLE	,	٠] Change	Naumon
AME TREET ANDOLOG	9109 E. KINGSPORT LANE		3.2 NAME 3.3. STREET ADDRESS				
TREET ADDRESS HY+ST+ZIP	INVERNESS FL 34450		3.4 CITY-ST-ZIP				
ITLE	D.V	DELETE	4. 1 TIFLE	n (man)]	Change	Addition
IAME	CECCARELLI, H. JAMES		4.2 NAME		_	-	
STREET ADDRESS	219 BLOOMFIELD DRIVE		4.3 STREET ADDRESS				
ITY-ST-ZIP	WEST PALM BEACH FL 3340	5	4.4 CHY - S1 - ZIP	والمنافي وال		_ م	
ITLE		DELETE	5. 1 T(TLE	4000018 1 -05/01/9601	U.367	Chinge	Addition
3MA			5.2 NAME 1	***208.75	100°°°''U	ليدار	
TREET ADDRESS			5.3 STREET ADDRESS	<i>⁴∙⁴∙</i> ₽€∪₩, 10			
CITY-ST-ZIP		F" Neigh	5.4 CITY - ST - ZIP			7 Channe	Fil Avaice
ITLE		DELETE:	6. 1 TITLE		L	_) Change 	Addition
IAME			6.2 NAMÉ			4	
STREET ADDRESS			6 3 STREET ADDRESS			Ş	-1-96
HY-ST-ZIP	certify that the information shapplied	with this filing is voluntarily film	6 4 CHY-ST-ZIP ished and does not qualify	for the exemption stated in Section 119	9.07(3)(k). Flo	rida Statu	tes. I further
certify that the cath; that I a appears in E	he information indicated an this annual an an officer or director of the corporation of the corporation of the property of the corporation of the	ual report or supplemental anni ration of the receive trustee on an attaching it is to addr	ual report is true and accur e empowered to execute the ess.	for the exemption stated in Section 119 ate and that my signature shall have the nis report as required by Chapter 607, F	same legal lorida Statut	effect as i es; and th	f made under at my name

SIGNING OFFICER OR DIRECTOR COCCARUL! 4-23-96

SIGNATURE: