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PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # S96492 (1)										
 Corporation I 	Name		• •							
JAMES I	P. MICHALAK, IN	JU.	÷						11 	
Principal Place	of Business		Mailing Address						- - -	ii bifii iabi
529 LUCERNE AVE 529 LUCERNE AVE										
TAMPA FL 33606 US			TAMPA FL 33606 US			3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1995) 	
2. Principal Pla	ice of Business		2a. Mailing Address	.,			4. FEI Number 59-3095054			pplied For at Applicable
Suite, Apt. #	t elc		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
22			Oity & State				6. Election Campaign Financing		\$5.00	May Be
City & State			28	Cour			Trust Fund Contribution This corporation has liability for			to Fees 199 032,
Zip 24	Count 25	lry	Zip Country 30				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
24	9. Name and Add	ress of Current F	egistered Agent		81	Name	10. Name and Address of New	negistere	u Agent	
	W MUCO D				- 1		dress (P.O. Box Number is Not Accepta	ible)		
	uk, James P. Erne ave				L	Street Acc	JIE33 (1.0. DOX 10.00)			
TAMPA F				L	83				. 85 Zip	Code
						City		F	L '	
11. Pursuant or registe	to the provisions of Sec red agent, or both, in the	ctions 607.0502 ar	nd 607.1508, Florida Stati Such change was author 607.0505, Florida Statite	ites, the aborized by the cost	ve na corpo	amed corpo vation's bo	oration submits this statement for the p and of directors, I hereby accept the ap	urpose or pointment	as registered	agent Lani
iamiliar wi SIGNATURE							ced when relistating	DATE		
12.	Signature, typed or protect nar	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS A	ND DIRECTO	
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NAME	MICKALAK, JAM			1 2 N						
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14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6), 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 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 certify 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 P. Micholot 4-29-96 (813)251-6229

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS