SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

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T		NANT	ATION	SERVICE	OF MENT	COLUTIONS	INIO
ш	IAN:	SPUH I	AHUN	MANA	LIEMENI	SOLUTIONS.	IN.

	ONTATION MANAGEMENT						
Principal Place	e of Business	Mailing Address			e ameit Maidit Sdidt ident didts meile it	eis andri Britt disti aleis alst dint ishis	
2311 W. MORR	HSON AVE.	2311 W. MORRISON A	VE.				
TAMPA FL 336 US	29	TAMPA FL 33629 US			3. Date incorporated or Qualified 01/23/1992	3a. Date of Last Report 05/01/1995	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3106392	Not Applicable	
Suite, Apt. #, etc		Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has Lability fo	r intangible tax under s. 199 032,	
24	25	29	30		Florida Statutes	Yes 🚺 No	
	9. Name and Address of Curre	ent Registered Agent		т.	10. Name and Address of New F	legistered Agent	
WILL	LIAMS, RENEE A		8	1 Name			
231	1 W. MORRISON AVE.		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	JITE 8 IPA FL 33629		8	3			
(Aut	N A I E GOOES		8	4 City		FL 85 Zip Code	
44.5		00 C02 4500 Florido Cto	tutos the sko	no populations	noration submits this statement for the		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with land accept the oblig	e of Fiorida. Such change wa	is authorized b	y the corporat	ion's board of directors. Thereby acce	pt the appointment as registered	
SIGNATURE	Signature type a priprieto mone of registered a	man to Test of Society Services	NOTE for actions A	constitution of the form	red when remaining	EALE	
12.		ND DIRECTORS	13.	green argents one origin	ADDITIONS/CHANGES TO OFF		
TIFLE	PD	DELETE	1 1 THU	-		Change Addition	
NAME	WILLIAMS, RENEE A		1.2 NAM	t			
STREET ADDRESS	2311 W. MORRRISON AVE ,	UNIT 8	1 3 STRE	ET ACORESS		į	
CITY-ST-ZIP	TAMPA FL		·	ST ZIF			
TITLE		DELETE	2 (1)()(Change Addition	
NAME			2.2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-Z:P		DELETE	2 4 CITY 3 1 TIFU	r - S1 - 7IP		Change Addition	
TITLE		L. J BECCIT	3 2 NAM	1			
NAME				ET ADDRESS			
STREET ADDRESS				Y - ST - ZIP			
CITY-ST-ZIP TITLE		DELETE	41 HIL			Change Addition	
NAMÉ			4 2 NAM	zf			
STREET ADDRESS			43.578	FET ADDRESS			
CITY - ST-ZIP			4.4 G/TY	1-S1-ZIP			
TITLE	1	DELETE	51111	E		Change Addition	
NAME			5.2 NAM	Œ			
STREET ADDRESS			53STR	EF1 ADDRESS			
City-St-ZiF			5.4 0111	(-\$1-ZIP		·····	
TITLE		DELETE	6 1 TrTu	E		Change Addition	
NAME			6.2 NAN	AE			
STREET ADDRESS			63SIR	EFT ADDRESS			
CHTY+ST-ZIP			64 C·T·	r-S1 712		(40.07/2011) 5 - 1 0: 1 : 1	
14. I do here furtner ce	by certify that the information supplied by that the information indicated (hed with this filing is voluntaril on this annual report or suppl	ly furnished an emental annua	d does not qui al report is true	alify for the exemption stated in Sections and accurate and that my signature s	n F19.07(3)(k) F:onda Statutés 1 hall have the same lega! effect as if	

made under oath that I am an officer or director of the controller or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address

SIGNATURE:

6/27/96 813-274-8005