## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS

1996 V32850 DOCUMENT #

(2)

Corporation Name

	ress	Mailing Address				DIA 0154 6101	i Brifi) Brifit Orbit Brour 1987
ncipal Place of Business . O. BOX 15595 N/A		P. O. BOX 15595 N/A TAMPA FL 33684-5595					- Clast Rood
O. BOX 13350 N/A AMPA FL 33614 S		US			3. Date Incorporated or Qualified		e of Last Report 2/21/1995
					04/29/1992	1	Applied For
		2a. Mailing Address			4. FEI Number		Not Applicable
incipal Place of I	Business	26			59-3123757		\$8.75 Additional
		Suite, Apt. #, etc			5. Certificate of Status Desired		Fee Required
Suite, Apt. #, etc.		27			6. Election Campaign Financing		\$5.00 May Be
Orty & State		City & State			Tweet Lund Contribution	_	Added to Fees
,		28	Cou	ntry	8. This corporation has liability for	intangible S No	(ax under 5 195,002.)
Ϊφ	Country	Z(p)	30		Florida Statutes Yes  10. Name and Address of New	Registere	d Agent
	Name and Address of Curren				10. Name and Address of Non		
9.	Name and Address of Contra			81 Name		ible)	
	MACHE I			82 Street Adds	ess (P.O. Box Number is Not Accepta		
GRIVNA, FRANCENE L 4518 W IDLEWILD AVE				83			
TAMPA FL 3	3823-8114						85 Zip Code
				84 City			shanging its registered off
		1007 (E00 Elevido Sta	lutes, the ab	ove named corpo	ration submits this statement for the p	jurpose of apointment	changing its registered on as registered agent. I am
Pursuant to th	e provisions of Sections 607.050	2 and 607, 1506, Florida Sta fida. Such change was autho	orized by the	corporation's boa	ration submits this statement for the part of directors. Thereby accept the appropriate the part of directors.	-	
or registered a familiar with, a	gent, or both, in the State of Flor ind accept the obligations of, Sec and accept the obligations of	TION BOY COOKS, Florida Care					E
	at the depend or printed non-elial real dense learn		guille Perjole	ed Agent signature rection	ADDITIONS/CHANGES TO C	FFICERS	AND DIRECTORS IN 12
	OFFICERS A	NEI DIRREGIONS	13	TillE	ALIGNIA		Change Addit o
12. OF TECHNOLOGY DELETE				NAME			
NAME .	GRIVNA, FRANCENE L.			STREET ADDRESS			
IDEET ADDRESS	4518 W. IDLEWILD AVE.			4 CITY - ST - ZIF			Change Additi
TY - ST - ZiP	TAMPA FL 33614-5438	DELETE		1 Tilluf			
Ti F	V	<b>□</b>	2	2 NAME			
1	GRIVNA, BRADLEY M.		2	3 STHEET ADDRESS			
	7927 A LANDMARK TERR			4 CITY - ST - ZIF			Change Addit
	TAMPA FL	DELETE		THE			
TITLE	st Grivna, stephen e.			2 NAMÉ			
NAME STREET ADDRESS	4518 W. IDLEWILD AVE.			3 STREET ADORESS			Change Add
CITY-ST-ZIP	TAMPA FL 33614-5438	DELET		4 CITY - ST - ZIP			Change Add
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NAME				4.3 STREET ADDRESS			
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CITY - ST - ZIF			TE	5 1 DitE			<b>—</b>
TITLE		-	1	5.2 NAMÉ			
NAME			l l	5.3 STREET ADDRESS			
STREET ADDRESS				5.4 Caty - St - ZiP			Change Ad
CITY-ST-ZIP		☐ Di LE	TE	6 1 110 5			
TITLE				62 NAME			
NAME				6.3 STREET ADDRESS			
STREET ADDRESS				64 CITY ST-7IP	alify for the exemption stated in Section courate and that my signature shall have this report as required by Chapter	on 119.07(	3)(k), Florida Statutes. I fur ne legal effect as if made i
CITY-ST-ZIP	by certify that the information sup	plied with this filing is volunt	aniy turnished Intal annual r	eport is true and a	alify for the exemption stated in Section courate and that my signature shall hate this report as required by Chapter	607, Florid	ia Statutes, and that my n
14 I do heret	ndicated on U.C. منتصف - بيت	a annual report to be receiver t	or trustee en	ibowered to execu	We file telegraphs and and		
14. I do heret certify that	it the information indicates of the Liam an officer or director of the in Block 12 or Block 13 if change	CONTOURNOUS OF THE LOCATION	lan address.		/ /	<i>(</i> , , , ,	813 . 886 . 597

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