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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF	FUCHPURAT	IONS			
 Corporation 	MENT # V4602 OF TAMPA, INC.	27 (1)			LIGRILAIRH NIGIS ANN AGUR IS	1884 8 1844 818 11 848	11 8 8 14 1 8 14 1 8 14 1 14 1
Principal Place		Mailing Address					
% STATE VAC 3143 W. KENN TAMPA FL 33	NEDY BLVD.	% STATE VACUUM 3143 W. KENNEDY BLVD. TAMPA FL 33609					
		10mr A 1 C 33003			3. Date incorporated or Qualified 06/23/1992	3a. Date of I	Last Report 6/1995
2. Principal Pla J	ace of Business	2a. Mailing Address			4. FEI Number 59-3133283		Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				\$	Not Applicable 8.75 Additional
:		27			5. Certificate of Status Desired		Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	;	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	ry	8. This corporation has liability for	intangible tax ur	
<u> </u>	25	29	30		L/ <u>7</u>	s 🗆 No	
	9. Name and Address of Curre	ent Hegistered Agent	8	1 Name	10. Name and Address of New I	Registered Age	nt
% KASS HODGES P.A. 1505 NORTH FLORIDA AVE. TAMPA FL 33602				3		le.	5 Zip Code
11. Pursuant to or registere	to the provisions of Sections 607,050 and agent, or both, in the State of Flo	rida. Such change was authori;	zed by the cor	e-named corpor	ration submits this statement for the puriod of directors. I hereby accept the app	rpose of changing	ng its registered office
I1. Pursuant to or registere familiar with	o the provisions of Sections 607,050 and agent, or both, in the State of Floth, and accept the obligations of, Sections, and accept the obligations of the Signature, typed or printed name of registered age	rida. Such change was authorit ction 607.0505, Florida Statute:	tes, the above zed by the cor s.	e-named corpor	rd of directors. I hereby accept the app	rpose of changir pointment as regi	ng its registered office istered agent. I am
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SIGNATURE: ___

NINTED NAME OF SIGNING OFFICER OR DIRECTOR