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 DOCUMENT #

1. Corporation Name

V5590

(9)

TRAYNOR, DENNIS & CO.

| TRAYNOR, DENNIS & CO. | | | | | | | |
|--|--|---|--|---|--------------------|-------------------------------------|--|
| Principal Place of Business | Mailing Address | | | | 01 A1A1 A1E6 A1A11 | i Albit Bibli | J1811 BIBIT 1881 |
| 13825 US HWY. 19 | 13825 US HIGHWAY | 19 | | | | | |
| STE. 403 | STE. 403 | | | | | | |
| HUDSON FL 34667 | HUDSON FL 34667 US | | | 3. Date Incorporated or Qualified 08/03/1992 | 3a. Date 0 | of Last Re 1/17/198 | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | pplied For |
| 2 | .6 | | | 59-3135698 | | | lot Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Fee R | Additional lequired |
| City & State | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be I to Fees |
| Zip Country | Zip | Country | | 8. This corporation has liability for | | under s | 199.032, |
| | 29 | 30 | | Florida Statutes Yes 10. Name and Address of New 1 | S No | gent | |
| g. Name and Address of Current Re | gistered Agent | 81 | Name | 10. Name and Address of New I | riogistorou A | .90 | |
| DODTILO GUGARNIC | | | | ID C. F. N. J. Half Sanata | h la\ | | |
| PORTUS, SUSANNE 8505 LONGBOAT LANE | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptal | (D)(0) | | |
| HUDSON FL 34667 | | B3 | | | | | |
| 1,000,110 | | 84 | City | | | 85 Zip | Code |
| | | | | | FL | l i | |
| or registered agent, or both, in the State of Florida. S familiar with, and accept the obligations of, Section 6 SIGNATURE | 507.0505, Florida Statute | as. | | | DATE | - | |
| or registered agent, or both, in the State of Florida. S familiar with, and accept the obligations of, Section 6 SIGNATURE Signature, typed or printed name of registered agent and the | 507.0505, Florida Statute | VOIE: Registered Ages | | | DATE FICERS AND | DIRECTO | |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE Signature, byted or printed name of registered agent and to OFFICERS AND DIL | 507.0505, Florida Statute | vO1E: Registered Agree | | d when reinstating) | DATE FICERS AND | | FIS IN 12 |
| or registered agent, or both, in the State of Florida. Stamiliar with, and accept the obligations of, Section 6 SIGNATURE Signature: typed or printed name of registered agent and to OFFICERS AND DII PSD PORTUS, SUSANNE | SUCH Change was authorion of the control of the con | vO1E: Registered Agree 13. 1. 1 TITLE 1.2 NAME | nt signature requiro | d when reinstating) | DATE FICERS AND | DIRECTO | |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE Signature, byind or pillited name of registered agent and the State of Florida State of | SUCH Change was authorion of the control of the con | VOIE: Rugistered Ages 13. 1.1 TITLE 1.2 NAME 1.3 STREE | nt signature requiro | d when reinstating) | DATE FICERS AND | DIRECTO | |
| or registered agent, or both, in the State of Florida's familiar with, and accept the obligations of, Section 6 Signature. Signature, byted or pituled name of registered agent and to OFFICERS AND DITUS. 13825 US HWY 19, STE. 403 HUDSON FL | SUCH Change was authorion of the control of the con | vO1E: Registered Agree 13. 1. 1 TITLE 1.2 NAME | nt signature requiro | d when reinstating) | DATE FICERS AND | DIRECTO | Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Soction 6 SIGNATURE Signature: byind or printed name of registered agent and the State of Florida State of F | SDCH charige was author \$07.0505, Florida Statute like if applicable. If RECTORS DELFTE | 13. 1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 | nt signature requiro | d when reinstating) | DATE FICERS AND | DIRECTO Change | Addition |
| or registered agent, or both, in the State of Florida S familiar with, and accept the obligations of, Section 6 SIGNATURE Signature, byind or printed name of registered agent and the State of Florida S SIGNATURE Signature, byind or printed name of registered agent and the State of Florida S SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL | SDCH charige was author \$07.0505, Florida Statute like if applicable. If RECTORS DELFTE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY: 2.1 TITLE 2.2 NAME | nt signature requiro | d when reinstating) | DATE FICERS AND | DIRECTO Change | Addition |
| or registered agent, or both, in the State of Florida. S familiar with, and accept the obligations of, Section 6 SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL SIGNATURE SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL SIGNATURE SIGN | SUCH CHAINGE WAS AUTHOR \$007.0505, Florida Statute ### RECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-: 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-: | I ADDRESS ST-ZIP T ADDRESS ST-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change | Addition |
| or registered agent, or both, in the State of Florida S familiar with, and accept the obligations of, Section 6 SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL SIGNATURE STREET ADDRESS CITY-SI-ZIP IIILE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL | SDCH charige was author \$07.0505, Florida Statute like if applicable. If RECTORS DELFTE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.1 TITLE | I ADDRESS I ADDRESS ST-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change | Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Saction 6 SIGNATURE SIGNATURE SIGNATURE SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL SIGNATURE INTERIOR OF FLORE SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL SIGNATURE INTERIOR OF FLORE SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL SIGNATURE INTERIOR OF FLORE SIGNATURE AMME | SUCH CHAINGE WAS AUTHOR \$007.0505, Florida Statute ### RECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME | I ADDRESS I ADDRESS I ADDRESS ST-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change | Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE Signature, byind or printed name of registered agent and to ILE. OFFICERS AND DI PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL DITTE HAME STREET ADDRESS CITY-S1-ZIP DITTE HAME STREET ADDRESS CITY-S1-ZIP DITTE HAME STREET ADDRESS | SUCH CHAINGE WAS AUTHOR \$07.0505, Florida Statute ##RECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME | I ADDRESS I ADDRESS I ADDRESS I ADDRESS I ADDRESS | d when reinstating) | DATE FICERS AND | DIRECTO Change Change Change | Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE Signature: SIGNATURE SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL DITLE WAME STREET ADDRESS CITY-S1-ZIP | SUCH CHAINGE WAS AUTHOR \$07.0505, Florida Statute ##RECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME | I ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change | Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE Signature, byind or printed name of registered agent and to ILE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL INTER INAME STREET ADDRESS CITY-S1-ZIP INTER NAME STREET ADDRESS CITY-S1-ZIP INTER NAME STREET ADDRESS CITY-S1-ZIP INTER INTER | DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME | I ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change Change | Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE Signature, byind or printed name of registered agent and to ILE. OFFICERS AND DI PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL DITTE NAME STREET ADDRESS CITY-S1-ZIP DITTE NAME STREET ADDRESS CITY-S1-ZIP TITTE NAME NAME STREET ADDRESS CITY-S1-ZIP TITTE NAME | DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 CHY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CHY- 4.5 TITLE 4.5 NAME 4.5 STREE 4.5 STREE 4.5 NAME 4.5 STREE | I ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS | d when reinstating) | DATE FICERS AND | DIRECTO Change Change Change | Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE 2. OFFICERS AND DI 12. OFFICERS AND DI 13. OFFICERS AND DI 13. OFFICERS AND DI 14. OFFICERS AND DI 15. OFFICERS AND DI 16. OFFICERS AND DI 17. OFFICERS AND DI 18. OFFICERS A | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CFTY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CFTY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CFTY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CFTY- 4.1 STREE 4.4 CFTY- 4.1 STREE 4.2 NAME 4.3 STREE 4.4 CFTY- | I ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change Change | Addition Addition Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE 2. OFFICERS AND DI ILLE IAME ITHER ADDRESS DITY-S1-ZIP ILLE IAME STREET ADDRESS DITY-S1-ZIP ILLE IL | DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CHY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CHY- 5.1 TITLE 5.1 TITLE | I ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change Change | Addition Addition Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE 2. OFFICERS AND DI ILLE IAME ITHE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL ILLE IAME ITHE IAME ITHE IAME ITHE IAME ITHE IAME ITHE ITHE IAME ITHE ITH | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CHY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CHY- 5.1 TITLE 5.2 NAME | I ADDRESS ST-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change Change | Addition Addition Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE 2. OFFICERS AND DI 12. OFFICERS AND DI 13. PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL 11. ILL 13. ILL 13. ILL 14. ILL 14. ILL 15. ILL 16. ILL 17. ILL 18. | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CHY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CHY- 5.1 TITLE 5.2 NAME | I ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change Change | Addition Addition Addition Addition Addition |
| or registered agent, or both, in the State of Florida Stamiliar with, and accept the obligations of, Section 6 SIGNATURE | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE | I ADDRESS S1-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change Change | Addition Addition Addition Addition Addition |
| or registered agent, or both, in the State of Florida S familiar with, and accept the obligations of, Soction 6 SIGNATURE It. OFFICERS AND DI IT. OFFICERS AND DI IT. Stgriebute, byred or printed name of registered agent and to SIGNATURE PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL ITILE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS | DELETE DELETE DELETE | 35. NOTE: Registered Ages 13. 1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CHY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 5.3 STREE 5.4 CHY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CHY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CHY- | I ADDRESS S1-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change Change Change | Addition Addition Addition Addition Addition |
| Familiar with, and accept the obligations of, Section E SIGNATURE Signature, byted or printed name of registered agent and to OFFICERS AND DII 12. OFFICERS AND DII 11. PSD PORTUS, SUSANNE 13825 US HWY 19, STE. 403 HUDSON FL THLE NAME STREET ADDRESS CITY-S1-7IP TITLE TITLE TITLE | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME | I ADDRESS S1-ZIP | d when reinstating) | DATE FICERS AND | DIRECTO Change Change Change Change | Addition |

SIGNATURE: SUSANKO M. PORTUS SUSANNO M. PORTUS 4/23/96 (813) 862-8300

CR2E034 (12/95)