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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	Suo We		DIVISION OF C	CORPORATIO	NS				
DOCUN 1. Corporation LASLAR		V6110)5	(5)						
LAGLAI	i, ii10·									
Principa' Place	of Business		Mailing Ad	dress				OOLO I GALL OFFI		
2203 DEKLE A "SUITE 1700" -TAMPA. FL 32			1208 S. (TAMPA F	Albany ave. °L 33606						
US							 Date Incorporated or Qualifity 08/31/1992 	ed 3a. (Date of Last Re 04/17/199	
2. Principal Pla 21 220	ice of Business る)をKi	E Aue	2a. Mailing	Address			4. FEI Number	L		Applied For
Suite, Apt. #		e ave.	26 Suite, A	Apt. #, etc			59-3138463			Not Applicable Additional
22			27				5. Certificate of Status Desired			Required
City & State	MPA, FI	L.	City & :	State			Election Campaign Financin Trust Fund Contribution	9 🗆		May Be
7io	· · · · · · · · · · · · · · · · · ·	Country	Zip		Country		B. This corporation has liability			199.032.
24 55	606 ₂₅	AZV	29		30			Yes No		
	9, Name and	Address of Curre	ent Hegistered A	gent	81	Name	10. Name and Address of Ne	w Register	ed Agent	
LARSON,	LORIE				82		ress (P.O. Box Number is Not Acce	otable)		
	albany ave.					SUBBL AGG	riess (F.O. Box Nullider is Not Acce	раскеј		
tampa f	L 33606				83					
					84	City			- 85 Zip	Code
						C.1.				
11. Pursuant to	o the provisions	of Sections 607.050	02 and 607,1508,	Florida Statutes	s, the above n	amed coroor	ration submits this statement for the	purpose of	changing its r	egistered office
OF recessors	ad abent, or bor	u. In the Stale of Fin	inga. Such chance	Mas authorized	s, the above-n d by the corpo	amed coroor	ration submits this statement for the ard of directors. I hereby accept the	purpose of appointmen	changing its ret t as registered	egistered office agent. I am
familiar with	ad abent, or bor	of Sections 607.050 n, in the State of Flo le obligations of, Sec	inga. Such chance	Mas authorized	s, the above-n d by the corpo	amed coroor	ration submits this statement for the ord of directors. I hereby accept the	purpose of appointmen	changing its ret as registered	egistered office agent. I am
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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 oath; 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.

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OFFICE