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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **V65844** **(5)**

1. Corporation Name

**MID-ATLANTIC PARTNERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5405 CYPRESS CENTER DR<br>SUITE 100<br>TAMPA FL 33609 | 5405 CYPRESS CENTER DR<br>SUITE 100<br>TAMPA FL 33609 |

3. Date Incorporated or Qualified: 09/23/1992
3a. Date of Last Report: 05/01/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 5405 Cypress Center Dr | 26 5405 Cypress Center Dr |
| Suite, Apt. #, etc.<br>22 Suite 295 | Suite, Apt. #, etc.<br>27 Suite 295 |
| City & State<br>23 Tampa, FL | City & State<br>28 Tampa, FL |
| Zip / Country<br>24 33609 / 25 | Zip / Country<br>29 33609 / 30 |

4. FEI Number: 59-3143024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PERKINS, PATRICK**
**5405 CYPRESS CENTER DR**
**SUITE 100**
**TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name: Nicholas Flaskay
82 Street Address (P.O. Box Number is Not Acceptable): 5405 Cypress Center Dr
83 Suite 295
84 City: Tampa **FL** 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 5/3/96
(Signature of Officer or Director of the Corporation or the Receiver or Trustee empowered to execute this report as required by Chapter 607, Florida Statutes; OR New Registered Agent's signature, if changing the registered agent.) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLASKAY, NICHOLAS<br>5405 CYPRESS CENTER DR<br>TAMPA FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | D<br>Flaskay, Nicholas<br>5405 Cypress Center Dr, Ste 295<br>Tampa, FL 33609 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JACKSON, BARRY<br>5405 CYPRESS CENTER DR<br>TAMPA FL | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | D<br>Jackson, Barry<br>5405 Cypress Center Dr, Ste 295<br>Tampa, FL 33609 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MAGLIONE, FRED<br>5405 CYPRESS CENTER DR<br>TAMPA FL | ☒ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PERKINS, PATRICK<br>5405 CYPRESS CENTER DR<br>TAMPA FL | ☒ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | 300001853983<br>-05/06/96--01084--018<br>***225.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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] Nicholas Flaskay 5/3/96 (813)289-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/5/96