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
5405 CYPRESS CENTER DR
SUITE 100
TAMPA FL 33609

Mailing Address
5405 CYPRESS CENTER DR
SUITE 100
TAMPA FL 33609

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

2. Principal Place of Business
21 5405 Cypress Center Dr
Suite, Apt. #, etc.
22 Suite 295
City & State
23 Tampa, FL
Zip 24 33609 Country 25

2a. Mailing Address
26 5405 Cypress Center Dr
Suite, Apt. #, etc.
27 Suite 295
City & State
28 Tampa, FL
Zip 29 33609 Country 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. Such 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] DATE: 5/3/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FLASKAY, NICHOLAS	
STREET ADDRESS	5405 CYPRESS CENTER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	JACKSON, BARRY	
STREET ADDRESS	5405 CYPRESS CENTER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☒ DELETE
NAME	MAGLIONE, FRED	
STREET ADDRESS	5405 CYPRESS CENTER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☒ DELETE
NAME	PERKINS, PATRICK	
STREET ADDRESS	5405 CYPRESS CENTER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Flaskay, Nicholas	
1.3 STREET ADDRESS	5405 Cypress Center Dr, Ste 295	
1.4 CITY-ST-ZIP	Tampa, FL 33609	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Jackson, Barry	
2.3 STREET ADDRESS	5405 Cypress Center Dr, Ste 295	
2.4 CITY-ST-ZIP	Tampa, FL 33609	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	300001853983	
4.4 CITY-ST-ZIP	-06/06/96--01084--018	
5.1 TITLE	***225.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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 #

CR2E034 (12/95)