				_	
FILE	NOW: FILING FEE A	FTER MAY 1 IS	\$225.00		
PI CORP ANNU	ROFIT PORATION AL REPORT 996	FLORIDA DEPARTM Sandra B M Secretary of DIVISION OF COR	ENT OF STATE fortham f State		
DOCUM 1. Corporation !		303			
ANC	IOTE HARDONS of Business	/ / / / / / / Mailing Address			
	ANCLOTE RU				
TARPONSMINDS, FL 34689				3. Date Incorporated or Qualified 3a. D	ate of Last Report Applied For
2. Principal Place 5 A .	ce of Business	2a. Mailing Address 26 SAMB		59-3148967	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 C. & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zip	Country	Trust Fund Contribution This corporation has liability for intangible	Added to Fees a tax under s 199.032,
*Zip	25 U.S.A	29 3	·	Florida Statutes Yes And 10. Name and Address of New Register	
	9. Name and Address of Current	Registered Agent	81 Name	To. Name and Address of New Figure	
RICH	ARD HANSE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
448	MOOLLWOOD RE	•	83		
TAR	PON SPRINGS,	FL 34685	84 City		85 Zip Code
			the above named corp	oration submits this statement for the purpose of part of directors. I hereby accept the appointmen	changing its registered office
l or registers	o the provisions of sections 607.03027 ed agent, or both, in the State of Florida h, and accept the obligations of Sections	1. Outfill this ige was authorized i	by the corporation's bo		
SIGNATURE _	Richard Had	at Inc	Rogistared April scycal are top	irina what in the state of the	t.
12.	Signature typed or protectifiar in of algorith, Taylor to OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12 Change
TITLE NAME	PROSIPONT RICHARD HANGE	DELETE	1. 1 TULE 1 2 NAME		Cuange T vocates
STREET ADDRESS	444 MASOLL WOOD 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRING F	DELETE	2.1 TRLE		Change Addition
TITLE NAME	RICHARD A ANSO	_	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	SAME AS AL	DELETE	2 4 GITY - S' - ZIP 3 1 TITLE		Change Addition
NAME		_	3 2 NAME		
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CITY-ST-ZIP		DELETE	4 1 TITLE		Change Addition
NAME	İ	-	4.2 NAME		
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CITY - ST - ZIP		☐ DELETE	4 4 CITY - ST - ZIP 5 1 TITLE	70001806 -05/03/9601012-	Change Addition
TITLE NAME		<u>_</u>	5.2 NAME	***200.00	
STREET ADDRESS			5 3 STREET ADDRESS	— -	
CITY-ST-ZIP		FT NO FIG	5 4 CHY - ST - ZIP		Change Addition
TITLE		DELETE	6 1 TITLE 6 2 NAME		
NAME	}		e a expect Apopere		

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 1.19.07(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 certify 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

CICNATURE:

Authorities

Block 12 or Block 13 if changed or on an attachment with an address

Date:

CR2E034 (12/95)