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	DIVISION OF	CORPOR	AHC	ONS				
1. Corporation	MENT # J847(ROUP, INC.	00 (0)				4 (48)(11 8/4) 411(1 8/4)(1 88)(1 84)(1		1 0 41- 0 1204	ālāli kidis lods
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Principal Place of Business Mailing Address						a reditte Tien tente Ethat india Affili	BON DIEN BIBIL O	1 <b>6</b> 11 01011	Bilist Bilbin jahr
			ecker hwy. R haven fl 33880						
WINTER HAV	EN FL 33880	US				2 Data bases and a Quilland			
US						3. Date Incorporated or Qualified 07/23/1987	3a. Date o 04/2	1 Last He 27/199	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	. L	<del>, , , , , , , , , , , , , , , , , , , </del>	Applied For
21		26		<del></del>		59-2823671		1	Not Applicable
Suite, Apt #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		,	Additional Required
City & State		City & State				6. Election Campaign Financing		<del></del>	<b>О</b> мау Ве
23	,	28				Trust Fund Contribution			to Fees
Zip	Country	Z.p	Cou	intry		8. This corporation has liability for in		under s	199.032,
24	25 9. Name and Address of Curr	29 ant Registered Agent	30			Florida Statutes Yes  10. Name and Address of New Ri			
	g, italia dia managa di dali	- In the gistered regent		61	Name	ID. Name and Address of New H	egistered Ag	ent	
SIDWELL, GLEN C									
3427 RECKER HWY				82	Street Addi	ress (P.O. Box Number is Not Acceptable	e)		
WINTER	HAVEN FL 33880			83					
				84	City			oe   7:-	Code
					,		PL!	·   '	
11. Pursuant to or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic	02 and 607.1508, Florida Statut orida, Such change was authoriz	es, the <b>a</b> bo	ve-r	named corpor oration's boa	ration submits this statement for the purport of directors. Thereby accept the acres	pose of chang	ing its re	egistered office
familiar witi	n, and accept the obligations of Se	ction 607.0505. Florida Statutes	s.		2000	ird of directors. Thereby accept the appo	minimum da re	gister eu	agent. La II
SIGNATURE	Signature, typed or printed name of regularist age	Control block Lacroscopia.	īr. 0			of when rematic of			
12.		ND DIRECTORS	I 13.	AGBII	r zignar iro tecknio	ADDITIONS/CHANGES TO OFFI	DATE. CERS AND D	RECTO	RS IN 12
TIFLE	PDS	☐ DELFTE	117	TLF	T			Change	☐ Addition
NAME	SIDWELL, GLEN C.		1.2 N/	IMA					
STREET ADDRESS	3427 RECKER HWY.		1.3 \$1	BEET	ADDRESS				
CITY-S1-ZIP	WINTER HAVEN FL		1 4 CI		1 - 24C				
TITLE	SIDMEN MICHAEL C	DELETE	2 1 7					Change	☐ Addition
NAME OZOSEZ ADODESOS	SIDWELL, MICHAEL C. 3427 RECKER HWY.		2 2 N						
STREET ADDRESS CITY - ST - ZIP	WINTER HAVEN FL				ADDRESS				
TITLE	***************************************	DELETE	2 4 CI		1 · ZIP		П	Change	Add-tion
NAME		<u></u>	3 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-7IP			3 4 CI						
TITLE		☐ DELETE	4. 1 1	TEF				Change	Addition
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NAME		["] precie	5 1 TI 52 NA					Change	Addition
STHEET ADDRESS					ADDRESS				
CITY-ST-ZIP			54 GI						
TITLE		☐ DELETE	6 1 Ti		<del></del>			Change	Addition
NAME			6 2 N/	ME			_	•	
STREET ADDRESS			63 SI	RELT	ADDRESS				

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 cath; 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 4) address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-1996 9412993625