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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000012413 (7) DOCUMENT # 1. Corporation Name

STEVEN R. LILLQUIST, INC.



Principal Place	of Business	Mailing Andress				i radiisen wa terdi Gilli Allif Shift			***************************************
1352 ELCON DRIVE WEST MELBOURNE FL 32904			1352 ELCON DRIVE West Melbourne FL 32904						
						3. Date Incorporated or Qualified 02/14/1995	3a. Date of	Last Rep	oort
2. Principal Pla 21	ace of Business	2a. Mailing Addre	SS			4. FEI Number	^		pplied For
Suite, Apt. #	# etc	26 Suite, Apt. #.	otc			59-330126			ot Applicable
22		27	eic.			5. Certificate of Status Desired			Additional equired
Orty & State	:	City & State				6. Election Campaign Financing			May Be
Zip	Country	28	Coun	itez		Trust Fund Contribution			to Fees
24	25	29	30	ıtı y		8. This corporation has liability for in Florida Statutes X Yes		unders 1	99.032,
	9. Name and Address of Cui		1291			10. Name and Address of New Re	_	ent	
				81 1	Name		<u> </u>	**	
MOSLEY, CURTIS R					Street Addre	dress (P.O. Box Number is Not Acceptable)			
	AST NEW HAVEN AVE.		ļ.	83					
MELDU	URNE FL 32901								
			8	84 (City		FL	85 Zip (Code
familiar with	ed agent, or both, in the State of F h, and accept the obligations of S Specific types or pure line restropments	ierida: Such enange was a Section 607.0605, Florida S	umonzed by the co fatules.	orpora	ation's board	thon submits this statement for the purp d of directors. I hereby accept the appoi	ntment as reç	estered a	igent. Lam
12.	OFFICERS	AND DIRECTORS	NOT Righting A	(p) (E)	graftsterte probl	ADDITIONS/CHANGES TO OFFIC	DATE	DECTOR	C IN 10
TITLE	D	☐ DELE				ADDITIONS CHANGES TO OFFIC			Addition
NAME	LILLQUIST, STEVEN R		1.2 NAM	AE.				eriang.	7,047,511
STREET ADDRESS	1352 ELCON DR.		1.3 STRE	EET ADI	DRESS				
CITY-ST-ZIP	WEST MELBOURNE FL 3	2904	1.4 CITY	r-51-2	?iP				
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NAME						-		Change	
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and trial my signature shall have the same legal effect as if made under oath; that I am an officer of 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:

SILVEN RULLINGT STEVEN RULLINGT SIGNATURE AND TYPES OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR