FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020815 (2)

FILED Mar 19 1998 8:00am Secretary of State

TTINDO	TT THE AWIENION, INC.				
Principal Place	e of Business	Mailing Address		- C TRANSPORT OF THE SALES MADE OF THE SALES CONTRACTOR	IBAN BOYDI IDEBU NUDU DIKA KABI
2167 DREW STREET		2167 DREW STREET			
CLEARWATER FL 33765		CLEARWATER FL 33765		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
				03/04/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3365906	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Slate		City & State			
23	e,	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z(p)	Country	B. This corporation owes or has paid the c	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
BEI	RDOS, PETE		81 Name		
2224 KIMBERLY			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	, <u>, , , , , , , , , , , , , , , , , , ,</u>
PALM HARBOR FL 34683			<u> </u>		
İ			83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	itutes, the above-named corp		
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.					
	THE THE THE CONTRACTOR OF THE CONTRACTOR	garana or, occurr bor acodo,	Tionida Statutes.		ľ
SIGNATURE	Signature, typed or printed none of respitored a	gent and stilled apple able (f	NOTE Registered Agent signature require	ed when reinstaling) DATE	
12.		ND DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	D	DELETE	1.1 TIFLE		☐ Change ☐ Addition
NAME	BERDOS, PETE		1.2 NAME		
STREET ADDRESS	2224 KIMBERLY CT		1.3 STREET ADDRESS		İ
CITY-\$1-ZIP	PALM HARBOR FL 34683	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME:		otten	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Daniere	5.4 CHTY-ST-2IP		Chance Date:
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	postify that the information s	with this films stope that as all	64 CITY-ST-ZIP	Saction 110 07/3/(i) Florida Statutes Liuribar	agaifu that the information

instraining uses froi quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ent with an address.

Pete Berdos

3-13-98

813-444-8827