FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State

	1996	DIVIS	Secretary of State SION OF CORPORATIONS			
DOCUI 1. Corporation	MENT # V1	12846 ((4)			
	NTERNATIONAL, INC	C.				
Principal Place	of Business	Mailing Address		·	118 BIN 41814 BIAN BIAN BIAN	
.723 -COURTS		7 29 COUN TSH			•	
LOSCO (11999 GOODLETTE	AD. NUS	3999			
NAPL	ES, FL 33	940	r 11	3. Date Incorporated or Qualified 02/10/1992	3a. Date of Last F 05/01/19	
Principal Pk	ace of Business	2a. Mailing Addr	ess	4. FEI Number	00,01,10	Applied For
Duite Ant	H -4-	26	··	65-0325286		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #	, etc.	5. Certificate of Status Desired	1)	5 Additional Required
City & State	0	City & State	• • • • • • • • • • • • • • • • • • • •	6. Election Campaign Financing	\$5.0	00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution		d to Fees
4	25	29	30]	8. This corporation has liability fo Florida Statutes 🔲 Ye	r intangible tax under s es ∷ No	199.032,
	9. Name and Address	of Current Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
C T CO	RPORATION SYSTEM					
	PINE ISLAND RD		82 Street	Address (P.O. Box Number is Not Accepta	able)	
PLANTA	ATION FL 33324		83			
			84 City		FL 85 Z	p Code
or register	ed agent, or both, in the Sta	ate of Florida. Such change was	and the second of the second o			
tamikar wil	th, and accept the obligation Signature, typed or printed name of re	ns of, Section 607.0505, Florida i	aumonzed by the corporation's Statutes. (NOTE: Flighted April Squalue n	or poration submits this statement for the p board of directors. Thereby accept the ap	pointment as registered	d agent. I am
familiar wil SIGNATURE:	rn, and accept the obligation Signature, typed or printed name of re	ns of, Section 607.0505, Florida agistered agin' and till diagraphicallist ICERS AND DIRECTORS	Statutes. NOTE দিল্লীগালের Aprèl Sg infore গ 13.		DATE FICERS AND DIRECTO	DRS IN 12
tamiliar wit SIGNATURE: _ 2.	signature, typed or printed name of re OFF	ns of, Section 607.0505, Florida	NOTE: Regional Apertagnation 13. ETE 1.1 THE	ispers Livien randatogi	DATE	
tamiliar wit SIGNATURE: _ 2. Pue 4ME	Signature, typed or printed name of re OFFI D REPP, DUANE L723 GOURTSIDE DR	ns of, Section 607.0505, Florida Supplement agent and till allog Acadia ICERS AND DIRECTORS DELI RIVE 300 ED&CME &	MOTE Flagishaud Apert signalure of 13. FIE 1.1 T-ILE 1.2 NAME	ispers Livien randatogi	DATE FICERS AND DIRECTO	DRS IN 12
ramiliar wit SIGNATURE: _ 2. PLE 4ME IREFT ADDRESS	Signature, typed or printed name of re OFFI D REPP, DUANE L.	ns of, Section 607.0505, Florida Section 607.05	## 13 ## 1 #	ispers Livien randatogi	DATE FICERS AND DIRECTO ☐ Change	DRS IN 12
TAMBER WIE 2. PLE BAME BEEFF ADDRESS BLY-ST-ZE TLE	Signature, typed or printed name of re OFFI D REPP, DUANE L723 GOURTSIDE DR NAPLES FL >39	ns of, Section 607.0505, Florida Supplement agent and till allog Acadia ICERS AND DIRECTORS DELI RIVE 300 ED&CME &	### ##################################	ispers Livien randatogi	DATE FICERS AND DIRECTO	DRS IN 12
TAMBERT WIE 2. PLE AME TREET ADDRESS PLY-ST-ZP	Signature, typed or printed name of re OFFI D REPP, DUANE L723 GOURTSIDE DR	ns of, Section 607.0505, Florida Numbered agent and tile diagnosciale CERS AND DIRECTORS DELI NIVE 300 FD65M6 X 99	## 13. ## 15. ##	ispers Livien randatogi	DATE FICERS AND DIRECTO ☐ Change	ORS IN 12
TATMICAT WITE 2. PLE 4ME IREET ADDRESS ILY - ST- ZIP ILE MAE IREET ADDRESS	Signature, typed or printed name of re OFFI D REPP, DUANE L723 GOURTSIDE DR NAPLES FL >39 V REPP, THOMAS S	ns of, Section 607.0505, Florida nyistered agent and title displaced in ICERS AND DIRECTORS DELI RIVE 300 EDGEME & 99 DELI PLACE	## 13.5 STREET ADDRESS 14 CITY ST NAME 2 S NAME 2 3 STREET ADDRESS 2 1 ACTIVE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY ST - ZIP	ispers Livien randatogi	DATE FICERS AND DIRECTO ☐ Change	ORS IN 12
TATMICAT WITE TATMICATE THE AME THE THE THE THE THE THE THE T	The second accept the obligation of the obligat	ns of, Section 607.0505, Florida Numbered agent and tile diagnosciale CERS AND DIRECTORS DELI NIVE 300 FD65M6 X 99	## 13. STREET ADDRESS 14 CHY-SI-ZIP ETE 2 THILE 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 THILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-SI-ZIP ETE 3.1 THILE	ispers Livien randatogi	DATE FICERS AND DIRECTO ☐ Change	ORS IN 12
TATMICAT WITE THE THE THE THE THE THE THE	The second accept the obligation of the obligat	ns of, Section 607.0505, Florida nyistered agent and title displaced in ICERS AND DIRECTORS DELI RIVE 300 EDGEME & 99 DELI PLACE	## 13. ** ## 13. ** ## 13. ** ## 13. ** ## 13. ** ## 12. NAMF	ispers Livien randatogi	DATE FICERS AND DIRECTO Change Change	ORS IN 12 Addition Addition
TATMICAT WITE THE THE THE THE THE THE THE	The second accept the obligation of the obligat	ns of, Section 607.0505, Florida nyistered agent and title displaced in ICERS AND DIRECTORS DELI RIVE 300 EDGEME & 99 DELI PLACE	## 13. STREET ADDRESS 14 CHY-SI-ZIP ETE 2 THILE 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP 2.1 THILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-SI-ZIP ETE 3.1 THILE	ispers Livien randatogi	DATE FICERS AND DIRECTO Change Change	ORS IN 12 Addition Addition
TATMICAT WITE 2. TLE MME IREET ADDRESS 1Y - ST - Zip ILE MME REET ADDRESS 1Y - ST - Zip ILE MME REET ADDRESS 1Y - ST - Zip ILE MME REET ADDRESS IY - ST - Zip ILE MME REET ADDRESS IY - ST - Zip ILE MME REET ADDRESS IY - ST - Zip	The second accept the obligation of the obligat	ns of, Section 607.0505, Florida nyistered agent and title displaced in ICERS AND DIRECTORS DELI RIVE 300 EDGEME & 99 DELI PLACE	### 13.5 1.1 1.1 1.1 1.1 1.2 1.2 1.3 1	ispers Livien randatogi	DATE FICERS AND DIRECTO Change Change	ORS IN 12 Addition Addition
TATMIRAT WIT THE THE THE THE THE THE THE T	The second accept the obligation of the obligat	PLACE	13. 13. 14. 15. 16. 17. 18. 18. 19.	ispers Livien randatogi	Change	ORS IN 12 Addition Addition
TATMICAT WIE CANATURE: 2. PLE ME REEL ADDRESS IY-ST-ZIP LE ME REEL ADDRESS IY-ST-ZIP LE ME ME REEL ADDRESS IY-ST-ZIP LE ME ME ME ME ME ME ME ME ME	The second accept the obligation of the obligat	PLACE	### 13 STREET ADDRESS 2 4 CHY-S1-ZIP ETE 3 1 TILLE 2 NAME 2 STREET ADDRESS 1 4 CHY-S1-ZIP ETE 3 1 TILLE 3 NAME 3 STREET ADDRESS 2 4 CHY-S1-ZIP ETE 3 1 TILLE 3 NAME 4 STREET ADDRESS 3 4 CHY-S1-ZIP ETE 4 1 TILLE 4 2 NAME 4 3 STREET ADDRESS 3	ispers Livien randatogi	Change	ORS IN 12 Addition Addition
TATMIRAT WIE TATMIRAT WIE TLE MME REET ADDRESS TY: ST- ZIP ILE MME REET ADDRESS TY: ST- ZIP	The second accept the obligation of the obligat	PLACE	### 13.5 ### 13.5	ispers Livien randatogi	Change	ORS IN 12 Addition Addition
Tamiliar wit SIGNATURE:	The second accept the obligation of the obligat	PLACE	### 13.5 ### 13.5	ispers Livien randatogi	Change Change	ORS IN 12 Addition Addition Addition
TATHIRAY WITE TATHIRAY WITE 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	The second accept the obligation of the obligat	PLACE	### ##################################	ispers Livien randatogi	Change Change	ORS IN 12 Addition Addition Addition
TATMICAT WITE TATMICATE TO LE AME THEET ADDRESS THY ST-ZIP THE THEET ADDRESS THY ST-ZIP THE THEET ADDRESS THY ST-ZIP THE THEET ADDRESS THY ST-ZIP THEET ADDRESS THY ST-ZIP	The second accept the obligation of the obligat	PLACE	13.	ispers Livien randatogi	Change Change Change	DRS IN 12 Addition Addition Addition Addition
TATMICAT WITE TATMICATE THE AME THEET ADDRESS THY ST-ZIP THE THEET ADDRESS THY ST-ZIP THE THEET ADDRESS THY ST-ZIP THE THEET ADDRESS THY ST-ZIP THEET ADDRESS THY ST-ZIP THEET ADDRESS THY ST-ZIP THEET ADDRESS THY ST-ZIP THEET ADDRESS	The second accept the obligation of the obligat	PLACE	13.	ispers Livien randatogi	Change Change	ORS IN 12 Addition Addition Addition
TATMICAT WITE TATMICAT WITE TATMICAT WITE THE THE THE THE THE THE THE THE THE T	The second accept the obligation of the obligat	PLACE	### ##################################	ispers Livien randatogi	Change Change Change	DRS IN 12 Addition Addition Addition Addition

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). Fiorida 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 composition or the Section of the composition or the Section of the composition or the Section of the composition of the composition of the composition of the section of the composition of the section of the sec

SIGNATURE: _____ SIGNATURE AND

GNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

3/29/96

94/ 262-4270 Daytric Phono R