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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03 1998 8:00am Secretary of State

1. Corporatio	n Name	# V4194 SCIENCE & DE		(O) NC.) INDIK DIKAN ANDAN KURU 1847 AKAYA MATA BUAKI AKAKI	: 87.0.11 84.611 0.6211 0.6211 1.001
<u>-</u> -								
Principal Place of Business Mailing Address								
14110 PERDIDO KEY DR 14117 PERDIDO KEY DR					10			
J-2 PENSACOLA FL 32507-9512 US					12		DO NOT WRITE IN THIS	SDACE:
US							3. Date incorporated or Qualified	31 AOL
							06/05/1992	
2. Principal Place of Business 2a. Mailing Ad-							4. FEI Number	Applied For
21			26	26			95-3323278	Not Applicable
Suite, Apt.	#, etc.		Suite, Apl	Suite, Apt. #, etc.				\$8.75 Additional
**	s G-2/	/F-2	27				5. Certificate of Status Desired	Fee Required
City & State	е		City & Sta	City & State			6. Election Campaign Financing	\$5.00 May Be
23			28				Trust Fund Contribution	Added to Fees
Zip	Country		Zip			1	8. This corporation owes or has paid the cu	
24	25 29 29 3. Name and Address of Current Registered Agent				30]		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
KRI		· · · · · · · · · · · · · · · · · · ·	on negletored Age	····	81	Name	10. Name and Address of New Registered	Våeur
KRIBS, HAROLD D 14117 PERDIDO KEY DR						110.715		
PENSACOLA FL 32507					62	Street Ad	treet Address (P.O. Box Number is Not Acceptable)	
PENONCULA FL 32307					63	63		
					84	City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the						e-named co		
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 re 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 reg agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								ointment as registered
SIGNATURE	Signature, typed o	or printed name of registered a	gent and title if applicable	(NOTE	: Registered Age	ent signature reg	guired when reinstating) DATE	
12.			ND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DP			DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME				1.2				
STREET ADDRESS				1		ADDRESS		
CITY-\$T-ZIP	PENSAC	OLA FL			1.4 CiTY-S	T-ZIP		
TITLE	DVS	11104		DELETË	2.1 TITLE			Change Addition
NAME	MARK, LI				2.2 NAME			
STREET ADDRESS		ERDIDO KEY DR			2.3 STREET	ADDRESS		
CITY-ST-ZIP	PENSAC	ULA FL		DC: EXT	2. 4 CITY - 5	T-ZIP		
TITLE			Ш	DELE TE	3.1 TITLE			Change Addition
NAME OZDECT ADDRESO					3.2 NAME			
STREET ADDRESS					3.3 STREET	- 1		
CITY-ST-ZIP TITLE		•••		DELETE	3.4. CITY - S 4.1 TITLE	st-ZtP		☐ Change ☐ Addition
NAME				J.C.L.IL	4.7 TITLE			
STREET ADDRESS					4.2 NAME 4.3 STREET	ADDRESS		
CITY-ST-ZIP					4.4 CITY-S			
TITLE	1151			DELETE	5.1 TITLE	<u>. 14</u>		Change Addition
NAME			_	-	5.2 NAME			
STREET ADDRESS					5.3 STREET	ADDRESS		
CITY-ST-ZIP					5.4 CITY - S	i		
TITLE	-			DELETE	6.1 TITLE			Change Addition
NAME					6.2 NAME			•
STREET ADDRESS					6.3 STREET	ADDRESS		
CITY-ST-ZIP					6.4 CITY-S	r- 21P		
14 bereby c	artifu that the	information augustical	with this filing door o	of suplify for	the event	ion stated i	n Conting 110 07/9/i) Elevide Statutes 1 further an	atific the state of the state of the state of

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplier annual report is true officer or director of the corporation of the receiver or trategorities and block 12 or Block 13 if changed or en an attachment with an address

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