SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # M78 on Name SON COMMERCIAL PR		·			
4 ECUPSE T	ce of Business FRAIL FACH FL 32174	Mailing Address 4 ECLIPSE TRAIL ORMOND BEACH FL 32 US	1174		III THII OUR! OUU! OU!! E IN THIS SPACE	EIJ B (B)) {() })
-		•		3. Date Incorporated or Qualified	3a. Date of Last F	
				03/24/1988	<u> </u>	
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 59-2875270	├ ~┼	pplied For ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			_ ¢0.75	Additional
22		27		5. Certificate of Status Desired	1 1 7 - 1	equired
City & Sta	te	City & State		6. Election Campaign Financing		May Be
23	Country	28	Country	Trust Fund Contribution		to Fees
Zip 24	25	29	30	This corporation owes or has pa Personal Property Tax due June		tangible ☐ No
[87]		Current Registered Agent	1001	10. Name and Address of New Re		
	ARRISON, TOM W.		81 Name			
	ECLIPSE TRAIL		82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)	
ORMOND BEACH FL 32174			83			
			03			
			84 City		FL 85 Zip	Code
11, Pursuant office or agent. I s	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	607.0502 and 607.1508, Florida Statu ne State of Florida. Such change was ne obligations of, Section 607.0505, F	ites, the above-named cor authorized by the corpora lorida Statutos	poration submits this statement for the pation's board of directors. I hereby accept	purpose of changing i pt the appointment as	ts registered registered
ľ		or opposite the control of the contr	iorida Statutes.			
SIGNATURE			ITE: Registered Agent signature requ		DATE	
SIGNATURE	Signature, typed or printed name of regi	istored agont and title it applicable. (NO ERS AND DIRECTORS	ITE: Registered Agent signature requ		DATE DERS AND DIRECTOR	RS IN 12
12. TITLE	Signature, typed or printed name of region OFFICE	istored agent and title if applicable. (NO	TE: Registered Agent signature requirements 13.	lifed when reins ating)	DATE	
12. TITLE NAME	Signature, typed or printed name of region OFFICE PD GARRISON, TOM W.	istored agont and title it applicable. (NO ERS AND DIRECTORS	TE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME	lifed when reins ating)	DATE DERS AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, speed or printed name of region OFFICE PD GARRISON, TOM W. 4 ECLIPSE TRAIL	istored agont and title it applicable. (NO ERS AND DIRECTORS	113. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	lifed when reins ating)	DATE DERS AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of region OFFICE PD GARRISON, TOM W.	Island agent and tille it applicable. (NO ERS AND DIRECTORS DELETE	113. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	lifed when reins ating)	DATE CERS AND DIRECTOF Change	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, speed or printed name of region OFFICE PD GARRISON, TOM W. 4 ECLIPSE TRAIL	istored agont and title it applicable. (NO ERS AND DIRECTORS	113. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	lifed when reins ating)	DATE DERS AND DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, speed or printed name of region OFFICE PD GARRISON, TOM W. 4 ECLIPSE TRAIL	Island agent and tille it applicable. (NO ERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	lifed when reins ating)	DATE CERS AND DIRECTOF Change	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, speed or printed name of region OFFICE PD GARRISON, TOM W. 4 ECLIPSE TRAIL	Island agent and tille it applicable. (NO ERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	lifed when reins ating)	DATE CERS AND DIRECTOF Change	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, speed or printed name of region OFFICE PD GARRISON, TOM W. 4 ECLIPSE TRAIL	Island agent and tille it applicable. (NO ERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	lifed when reins ating)	DATE CERS AND DIRECTOF Change	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, speed or printed name of region OFFICE PD GARRISON, TOM W. 4 ECLIPSE TRAIL	istured agent and title II applicable (NO ERS AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	lifed when reins ating)	DATE CERS AND DIRECTOF Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, speed or printed name of teging of the property of	istured agent and title II applicable (NO ERS AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	lifed when reins ating)	DATE CERS AND DIRECTOF Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COMMANDE STREET ADDRESS CITY-ST-ZIP	Signature, speed or printed name of teging of the property of	istured agont and tills it applicable. (NO ERS AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	lifed when reins ating)	DATE CERS AND DIRECTOF Change Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, speed or printed name of teging of the property of	istured agent and title II applicable (NO ERS AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	lifed when reins ating)	DATE CERS AND DIRECTOF Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, speed or printed name of teging of the property of	istured agont and tills it applicable. (NO ERS AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	lifed when reins ating)	DATE CERS AND DIRECTOF Change Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, speed or printed name of teging of the property of	istured agont and tills it applicable. (NO ERS AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	lifed when reins ating)	DATE CERS AND DIRECTOF Change Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, speed or printed name of teging of the property of	istured agont and tills it applicable. (NO ERS AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	lifed when reins ating)	DATE CERS AND DIRECTOF Change Change Change	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, speed or printed name of teging of the property of	istered agont and title it applicable. (NO ERS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	lifed when reins ating)	DATE CERS AND DIRECTOF Change Change Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, speed or printed name of teging of the property of	istered agont and title it applicable. (NO ERS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	lifed when reins ating)	DATE CERS AND DIRECTOF Change Change Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, speed or printed name of teging of the property of	Island agent and title it applicable. (NO ERS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	lifed when reins ating)	DAJE CERS AND DIRECTOF Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, speed or printed name of teging of the property of	istered agont and title it applicable. (NO ERS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	lifed when reins ating)	DATE CERS AND DIRECTOF Change Change Change	RS IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, speed or printed name of teging of the property of	Island agent and title it applicable. (NO ERS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	lifed when reins ating)	DAJE CERS AND DIRECTOF Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

14. I do hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i). Floride 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 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.

CIONATURE.

Arriva Willy Hungaries !