

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

FILED
May 08 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1997

DOCUMENT # 299333 (5)
 1. Corporation Name
BIDDERS INC



Principal Place of Business: **1600 N. ATLANTIC AVENUE COCOA BEACH FL 32931-3229**
 Mailing Address: **1600 N. ATLANTIC AVENUE COCOA BEACH FL 32931-3229**

3. Date Incorporated or Qualified: **12/02/1965**
 3a. Date of Last Report: **04/03/1996**

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)
 Suite Apt # etc. (22)
 City & State (23)
 Zip (24) Country (25)
 Suite, Apt. #, etc. (26)
 City & State (27)
 Zip (28) Country (29)

4. FEI Number: **59-1110033**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
BIRKHEAD, THOMAS C
1600 N ATLANTIC AVE, COCOA BCH, FL
PATRICK AFB FL 32925
 10. Name and Address of New Registered Agent (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PO	<input type="checkbox"/> DELETE	1.1 TITLE: S/T/V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BIRKHEAD, THOMAS C		1.2 NAME: Birkhead, Eugenia M.	
STREET ADDRESS: PO BOX 4504 N/A		1.3 STREET ADDRESS: P.O. Box 4504	
CITY - ST - ZIP: PATRICK AFB, FL 00000		1.4 CITY - ST - ZIP: PAFB, FL 32925	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TVD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: AMUNDSON, FLOYD A		2.2 NAME: Birkhead, Teresa	
STREET ADDRESS: 7316 CARRIAGE NE		2.3 STREET ADDRESS: 236 Jamaica Dr	
CITY - ST - ZIP: ALBUQUERQUE, N MEX 00000		2.4 CITY - ST - ZIP: Cocoa Beach, FL 32031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BIRKHEAD, EUGENIA		3.2 NAME: Moline, Jack C.	
STREET ADDRESS: PO BOX 4504 N/A		3.3 STREET ADDRESS: 555 Fillmore Ave.	
CITY - ST - ZIP: PATRICK AFB, FL 00000		3.4 CITY - ST - ZIP: Cape Canaveral, FL 32920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY - ST - ZIP:		4.4 CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY - ST - ZIP:		6.4 CITY - ST - ZIP:	

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

SIGNATURE: **THOMAS C BIRKHEAD** *Thomas C Birkhead* 4/28/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0102846

CR2E034 (9/96)