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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

329363

(6)

DADTO	MADEHOLICE	INC
PAHIS	WAREHOUSE	INU

P	rine	anic	Place	of Business

Mailing Address



1106 W PINE ORLANDO F					1106 W PINE ST ORLANDO FL 32805				
									3. Date Incorporated or Qualified
2. Principal Pla	ice of Busine	ess		2a	, Mailing Address				4. FEI Number Applied For
21				26					59-1208160 Not Applicable
Suite, Apt. #, etc. Suite, Apt. 22			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State				L,	City & State				Election Campaign Financing \$5.00 May Be
23				28					Trust Fund Contribution Added to Fees
Z _I p	-	\neg	Country		Zip		untry	t	8. This corporation has liability for intangible tax under s 199.032,
24	n Name	25 and	Address of Curre	29	stared Anent	30	т-		Florida Statutes Yes No 10. Name and Address of New Registered Agent
	9, 1101110		Addition of Ourie	it ite gie	stores Agent		81	Name	
ELIEDDA	ACHER, JU	INC :	v						
	EST CHUR						82		Address (P.O. Box Number is Not Acceptable)
I .	00 FL 328		SINCE				83		1106 W Church St.
Oncone	JO FL 320	<i>,</i> 00							
							84	City	FI 85 Zip Code
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.							orcoration submits this statement for the purpose of charging its registered office		
SIGNATURE:			ed name of registered agent						
12.	algriature typed	or pricti	of registered agent			E: Registered	o Ager	nt signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE	VD		OTTIOLIS AIN	DINEC	DELETE.	1.11	TITLE	—— т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME		RAC:	HER, FRITZ W.		C) beter.	1.2 N			Change E Addition
STREET ADDRESS			ROAD					T ADDRESS	
CITY-ST-ZIP			FL 00000					ST-ZIP	
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	410,	12 04004		☐ DELETE.	2 1 3	_)1-2IF	Pachident JUNE K. Feuerbacher 853 Dover Rd
NAME						22 N			JUNE K. Feverbachet
STHEET ADDRESS								ADORESS	853 DOVER Rd.
CITY-ST-ZIP								ST-ZIP	maitland, FL 32751
TITLE	· · · · · · · · · · · · · · · · · · ·				DELETE	3 1 1			Change Addition
NAME						32 N	IAME		, , , ,
STREET ADDRESS						33.5	STREE	T ADDRESS	
CITY-ST-ZIP						340	ITY-S	ST-ZIP	
TITLE					☐ DELETE	4 1]			Change Addition
NAME						4 2 N	AME		
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THILE					☐ DELETE	5.11	IITLE		Change Addition
NAME						5 2 N	AME		
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TIFLE					DELETE	6 1 7	ITLE		Change Addition
NAME						6.2 N	AME	ļ	
STREET ADDRESS						6.3 S	TREET	ADDRESS	
C-TY-ST-Z-P						6.4 C	ITY-S	ST-ZIP	

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), 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:

MINATURE AND TYPES OF PRINCED NAME OF SIGNING OFFICER OF DIRECTOR

420/96 (407) 423-5552

CR2E034 (12/95)