CORP ANNU	ROFIT PORATION AL REPORT <b>996</b>		Sandra Secret	ARTIMENT OF STATE  B. Mortham lary of State CORPORATIONS			
DOCUM 1. Corporation N	1ENT #	397823	(6)				
JIM M	orris Bail Bo	ONDS, INC.					
Principal Place o 125 NE BTH HOMESTEAD US	ST #2	М	lailing Address P. O. BOX 901388 HOMESTEAD FL 330 US	030		NJUUG 1911 GIÐIR EIÐIR ÐIÐIR ÐIÐ	DIA UNUMBILAN MEMBA
		THE STREET OF THE STREET			3. Date Incorporated or Qualified 03/21/1972	3a. Date of Last Re 07/19/1	
<ol> <li>Principal Plac</li> </ol>	e of Business	2a 26	. Mailing Address		4. FEI Number 59-1388563	<b>├</b> ─┼	Applied For Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional Required
City & State		28	City & State	100 1 41 44 44 44 44 44 44 44 44 44 44 44 4	Election Campaign Financing     Trust Fund Contribution	□ \$5.0¢	May Be
Zip	Cour	ntry	Zip	Country	8. This corporation has liability for	r intangible tax under s	d to Fees 199.032,
4	9. Name and Add	29 Iress of Current Regis	stered Agent	30	Florida Statutes Ye  10. Name and Address of New	s No Registered Agent	
140004	<b>6. P-6</b> 1. 4			81 Name			
MORRIS	S, Beth SW 286 STR			82 Street Ad	dress (P.O. Box Number is Not Accepta	able)	
	TEAD FL 33030			83			
				84 City		85 7ir	Code
11. Pursuant to	the provisions of Sec	ctions 607 0502 and 60	17 1508. Florida Statute	84 City	oration subscite this statement for the su	FL	Code
or registered	ragent, or both, in tr	ctions 607.0502 and 60 ne State of Florida. Such gations of, Section 607	n change was authorize	es, the above named corporation's bo	oration submits this statement for the pu and of directors. I hereby accept the app	FL	
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SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-94 35 247-6890