## 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

141

1. Corporation Name (1)											
		DITIONING, INC.						1 100 TE 10 TE	(8:85 this 6)6)s	81811 <b>8</b> 1811 <b>8</b> 181	i Alalia Aistic Padi
Principal Place of Business			Mailing Address								
64 GOFORTH BLVD. PORT ST. LUCIE FL 34952 US			892 S.E ATLANTIS PORT ST. LUCIE FL 34983								
								3. Date Incorporated or Qualifie 11/01/1978		ate of Last Re 03/31/19	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			Applied For
Suite. Apt. #, etc.			Cuito Ant H eto				59-1873458		بالأست مقترين	Not Applicable	
22 Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required		
City & State	)		City & State			6. Election Campaign Financing		\$5.0	O May Be		
23			28				Trust Fund Contribution	L L		d to Fees	
Zip Country		-¬ ´	Zip		ountry	try		8. This corporation has liability f		tax under s	199.032,
			29 30		30			<del></del>	′es []No •Bonistore	d Agon)	· · · · · · · · · · · · · · · · · · ·
	9, Name a	and Address of Currer	it negistered Agent		.     81	Na	ne.	10. Name and Address of Nev	negistere	3 Agent	
HARDING	G, GEORGE	- w			L			(C)			
892 S.E. ATLANTUS PORT ST. LUCIE FL 34952					82	! Street Addres		ess (P.O. Box Number is Not Accep	жж		
					83						
					84	Cit	y	FL 85 Zp Cc		p Code	
11. Pursuant to	o the provisio	ns of Sections 607.0502	and 607.1508. Floris	da Statutes, the at		1 папте	d corpora	ation submits this statement for the p	numose of c	thanging its r	eaistered office
or registere	ed agent, or b	ooth, in the State of Flori t the obligations of, Sect	da. Such change was	authorized by the	corp	orat c	on's board	d of directors. I hereby accept the a	opointment	as registered	agent. Lam
SIGNATURE	n, and accept	t the obligations of, dect	ion 001.0000, 1 ionae	Olaloloo.							
	Signature, typed or	r printed name of registered agent				nt sgra	on-neamed	When roit stidings	DATE		
12.	PS	OFFICERS AN		13				ADDITIONS/CHANGES TO C	FFICERS AN	· · · <u> · · ·</u>	
TITLE		G, GEORGE W.	☐ DE		HILE MARIE					☐ Change	Addition
NAME STREET ADORESS		ATLANTUS AVE			NAME	I ADDRI					
CITY - ST - ZIP		T. LUCIE FL				st-zip	.83				
101 <del>E</del>	V		☐ DE		TITLE	31-21		·		Change	Add-tion
NAME	HARDIN	G, CHARLOTTE E.		2?	NAME						_
STREET ADDRESS	892 SE	ATLANTUS		23	STREE.	HOUA I	ESS				
CITY-ST-ZIP	PORT S	t. Lucie fl		24	CITY-	ST-ZIF					
TITLE	Ť		☐ D€	LETE 3. 1	1 TITLE					Change	Addition
NAME		G, GREGORY A.		9	NAME						
STREET ADDRESS		E. ABATE LANE		3.3	STREE	T ADDR	ESS				
C(TY - ST - Z(P	PURIS	T. LUCIE FL	—————————————————————————————————————		CITY	ST-ZIP				Change	☐ Add:tion
TITLE			☐ DE	1	TITLE TITLE					Charige	Add-tibil
NAME STREET ADDRESS					NA 4E	i addri	150				
CITY - ST-ZIP						\$1-ZIP	30				
TOLE			DE		I TITLE					☐ Change	Add-tion
NAME				5.2	NAME						
STREET ADDRESS				5 3	STREE	T ADDRE	:SS				
CHTY-ST-ZIP				5 4	CITY-	ST - ZIF					
TITLE			ID 🗀	LETE 6 1	THLE					Change	■ Addition
NAME				6.2	NAME						
STREET ADDRESS						I ADDRI	:SS				
CITY-ST-ZIP	u cortifu that t	he information europed	with this files is volve			ST-ZIP	n jalihi te	or the exemution stated in Section 1	10 07/9//	Jorida Statut	tos Hurthor

ruor renewy certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information inclicated 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 output 1 am an officer originator of the corporation or the repeiver 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:

JAN. 17, 1996 407-464-4666