## 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

		CORPORATIONS	DIVISION OF CO		1996
			(6)	G36327	OCUMENT #
					BIAGIO'S, INC.
DIY KEBI BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL	T LOBINII DOBO (MILO OLIBO DIMENI INDIA		iling Address	Ma	rincipal Place of Business
			362 COMMERCE WAY SUITE 116		362 COMMERCE WAY SUITE 116
3a. Date of Last Report	3. Date Incorporated or Qualified	ı	LONGWOOD FL 32750 US		LONGWOOD FL 32750 US
04/28/1995	04/29/1983		00		
Applied For	4. FEI Number		Mailing Address	<b>⊢</b>	Principal Place of Business
Not Applicable	59-2360071	<del> </del>	0.50 4.50	26	A. 3. A. 1. B
\$8.75 Additional Fee Required	5. Certificate of Status Desired		Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
\$5.00 May Be	6. Election Campaign Financing		City & State		City & State
Added to Fees	Trust Fund Contribution		•	28	
	8. This corporation has liability for into	Country	Zip	· —	—
	Florida Statutes Yes 10. Name and Address of New Reg	30		29 Address of Current Regist	25
egistered Agent	10. Name and Address of New Heg	B1 Name	erea Agent	Address of Current Regist	g, Italie and
					SCHIANO, BIAGIO
le)	ss (P.O. Box Number is Not Acceptable)	B2 Street Addres			502 RIVIERA DR
		83		S FL 32701	ALTAMONTE SPRING
9E 7m Code		RA City			
FL 85 Zip Code pose of changing its registered officintment as registered agent. I am	tion submits this statement for the purpo I of directors. I hereby accept the appoin	84 City s, the above named corporat d by the corporation's board	change was authorized	f Sections 607.0502 and 607 in the State of Florida. Such obligations of, Section 607.0	or registered agent, or both familiar with, and accept the
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12	of directors. I hereby accept the appoin wen renslategi  ADDITIONS/CHANGES TO OFFICE	s, the above named corporated by the corporation's board  Beginnered Agent signature required with the corporation of the corpo	change was authorized 0505, Florida Statutes.  policable (NOTE: TORS)	in the State of Florida, Such	or registered agent, or both familiar with, and accept the GNATURE
pose of changing its registered officiontment as registered agent. I am	of directors. Thereby accept the appoin	s, the above named corporated by the corporation's board  E. Registered Agent signature required v  13.	change was authorized 0505, Florida Statutes.	in the State of Florida, Such obligations of, Section 607.0 at name of registered agent and title if an OFFICERS AND DIREC	or registered agent, or both familiar with, and accept the GNATURE  Signature, typed or print.  LE PDS
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12	of directors. I hereby accept the appoin wen renslategi  ADDITIONS/CHANGES TO OFFICE	s, the above named corporated by the corporation's board  E Registered Agent signature required v  13.  1 1 TIFLE  12 NAME	change was authorized 0505, Florida Statutes.  policable (NOTE: TORS)	in the State of Florida. Such obligations of, Section 607.0 at name of registered agent and title if an OFFICERS AND DIRECT	or registered agent, or both familiar with, and accept the GNATURE Signature, typed or print.  B. PDS ME SCHIANO,
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12	when renstating  ADDITIONS/CHANGES TO OFFICE  FEE IDMAN  TO TREEFOR  TO THE STORY  TO	s, the above named corporated by the corporation's board  E. Rogistered Agent signature required v  13.  1 1 TIFLE 12 NAME 13 STREET ADDRESS	change was authorized 0505, Florida Statutes.  policable (NOTE: TORS)	in the State of Florida. Such obligations of, Section 607.C at name of registered agent and title if ar OFFICERS AND DIRECT BIAGIO A DR	or registered agent, or both familiar with, and accept the GNATURE  Signature, typed or print  LE PDS  ME SCHIANO, REET ADDRESS 502 RIVIEI
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12	of directors. I hereby accept the appoin wen renslategi  ADDITIONS/CHANGES TO OFFICE	s, the above named corporated by the corporation's board  E. Rogistered Agent signature required v  13.  1 1 TIFLE 12 NAME 13 STREET ADDRESS	change was authorized 0505, Florida Statutes.  policable (NOTE: TORS)	in the State of Florida. Such obligations of, Section 607.0 at name of registered agent and title if an OFFICERS AND DIRECT	or registered agent, or both familiar with, and accept the GNATURE  Signature, typed or print  E. PDS ME SCHIANO, REET ADDRESS 502 RIVIEI TY-ST-ZIP ALTAMON
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12  Change	ADDITIONS/CHANGES TO OFFICE  ADDITIONS/CHANGES TO OFFICE  FEE ID. ( Cecler )	in the above named corporated by the corporation's board  E. Registered Agent signature required v  13.  1 1 TiffLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TiffLE	change was authorized )505, Florida Statutes.  Indicable (NOTE: TORS )	in the State of Florida, Such obligations of, Section 607.0 at name of registered agent and title if a OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FLOOOOO	or registered agent, or both familiar with, and accept the GNATURE  Signature, typed or prints.  I.E. PDS SCHIANO, SCHIANO, SOZ RIVIEL (Y-ST-ZIP ALTAMON)  VP
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition	of directors. Thereby accept the appoin when renstategy ADDITIONS/CHANGES TO OFFICE for ideal ( Director 327 6/ aw, Leens Moc	s, the above named corporated by the corporation's board  13.  11 TIFLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIFLE 22 NAME 23 STREET ADDRESS	change was authorized )505, Florida Statutes.  Indicable (NOTE: TORS )	in the State of Florida, Such obligations of, Section 607.0 d name of registered agent and title if a OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000  AC TRAN HOLLOW PL.	or registered agent, or both familiar with, and accept the GNATURE  Signature, typed or prints.  LE PDS SCHIANO, REET ADDRESS 7-ST-ZIP ALTAMON  LE VP  ME LUONG, N  1181 LAZY
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition	of directors. Thereby accept the appoin when renstategy ADDITIONS/CHANGES TO OFFICE for ideal ( Director 327 6/ aw, Leens Moc	s, the above named corporated by the corporation's board  13.  11 TIFLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIFLE 22 NAME 23 STREET ADDRESS	change was authorized )505, Florida Statutes.  Indicable (NOTE: TORS DELETE DELETE	in the State of Florida, Such obligations of, Section 607.0 d name of registered agent and title if a OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000  AC TRAN HOLLOW PL.	or registered agent, or both familiar with, and accept the SGNATURE  ELE Signature, typed or prints.  ELE PDS SCHIANO, 502 RIVIEL 400 ALTAMON LE VP LUONG, MEEL ADDRESS Y-ST-ZIP WINTER P
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition	ADDITIONS/CHANGES TO OFFICE  ADDITIONS/CHANGES TO OFFICE  FEE ID. ( Cecler )	s, the above-named corporated by the corporation's board  13.  1 1 THLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 THLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 THLE 4.1 THE	change was authorized )505, Florida Statutes.  Indicable (NOTE: TORS )	in the State of Florida. Such obligations of, Section 607.0 d name of registered agent and title if as OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL	or registered agent, or both familiar with, and accept the GNATURE  Signature, typed or prints.  LE PDS SCHIANO, SCHIANO, FOR REET ADDRESS ALTAMON LE VP LUONG, MREEL ADDRESS 1181 LAZY WINTER PLE T
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition	of directors. Thereby accept the appoin when renstategy ADDITIONS/CHANGES TO OFFICE for ideal ( Director 327 6/ aw, Leens Moc	s, the above-named corporated by the corporation's board  13.  1 1 THLE 12 NAME 13 STREET ADDRESS 14 CHTY-ST-ZIP 2 1 THCE 22 NAME 23 STREET ADDRESS 24 CHTY-ST-ZIP 3.1 THLE 32 NAME	change was authorized )505, Florida Statutes.  Indicable (NOTE: TORS DELETE DELETE	in the State of Florida. Such obligations of, Section 607.0 d name of registered agent and title if as OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH	or registered agent, or both familiar with, and accept the SQNATURE  Signature, typed or prints.  LE PDS SCHIANO, SOCIEDANO, FOR ALTAMON LE VP LUONG, MAREI ADDRESS 1181 LAZY WINTER PLE T LEHMANN
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition	and directors. Thereby accept the appoint when renstating: ADDITIONS/CHANGES TO OFFICE freshchaff Director  327 0/ aw, Laurng Mec 327 92 reasurer / Secretary	s, the above-named corporate by the corporation's board  13.  1 1 THLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 THLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 THLE 32 NAME 33 STREET ADDRESS	change was authorized )505, Florida Statutes.  Indicable (NOTE: TORS DELETE DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the Signature, typed or prints.  ILE PDS SCHIANO, SCHIANO, FOR REET ADDRESS ALTAMON LE VP LUONG, MARELI ADDRESS 1181 LAZY WINTER P LE ME LEHMANN REEL ADDRESS SEEL ADDRESS
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition	of directors. Thereby accept the appoin when renstategy ADDITIONS/CHANGES TO OFFICE for ideal ( Director 327 6/ aw, Leens Moc	s, the above-named corporate by the corporation's board  13.  1 1 THLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 THLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 THLE 32 NAME 33 STREET ADDRESS	change was authorized )505, Florida Statutes.  Indicable (NOTE: TORS DELETE DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the GNATURE  Signature, typed or prints.  LE PDS SCHIANO, SCHIANO, SCHIANO, ALTAMON LE VP LUONG, ALTAMON LE VP. ST-ZIP WINTER PLE T LEHMANN SEEL ADDRESS 659 KILLIANS SEEL ADDRESS DELTONA
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Addition  Change Addition	and directors. Thereby accept the appoint when renstating: ADDITIONS/CHANGES TO OFFICE freshchaff Director  327 0/ aw, Laurng Mec 327 92 reasurer / Secretary	s, the above-named corporated by the corporation's board  13.  1 1 THLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 THLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 THLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	Change was authorized )505, Florida Statutes.  Indicable (NOTE: TORS ) DELETE   DELETE    DELETE   DELETE   DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the GNATURE  E. Signature, typed or print.  E. PDS ME SCHIANO, REET ADDRESS 502 RIVIEL Y-ST-ZIP ALTAMON VP ME LUONG, N REEL ADDRESS 1181 LAZY Y-ST-ZIP WINTER P LE T ME LEHMANN MEEL ADDRESS 659 KILLIA Y-ST-ZIP DELTONA LE
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Addition  Change Addition	and directors. Thereby accept the appoint when renstating: ADDITIONS/CHANGES TO OFFICE freshchaff Director  327 0/ aw, Laurng Mec 327 92 reasurer / Secretary	s, the above-named corporated by the corporation's board  13.  1 1 TIFLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TIFLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TIFLE 32 NAME	Change was authorized )505, Florida Statutes.  Indicable (NOTE: TORS ) DELETE   DELETE    DELETE   DELETE   DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the GNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PDS  SCHIANO, SEET ADDRESS  SCHIANO, SEET ADDRESS  ALTAMON  VP  LUONG, N  1181 LAZY WINTER P  T  LEHMANN  SEET ADDRESS  LEHMANN  SEET ADDRESS  LEHMANN  SEET ADDRESS  CHARCON  SIGNATURE  PDS  SCHIANO  VP  LUONG, N  1181 LAZY WINTER P  T  LEHMANN  SEET ADDRESS  SCHIANO  LUONG, N  1181 LAZY WINTER P  T  LEHMANN  SEET ADDRESS  SEET ADDRESS  BELLIA  DELTONA
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition	and directors. Thereby accept the appoint when renstating: ADDITIONS/CHANGES TO OFFICE freshchaff Director  327 0/ aw, Laurng Mec 327 92 reasurer / Secretary	13.  1 1 TIFLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change was authorized )505, Florida Statutes.  Indicable INOTE: TORS  DELETE  DELETE  DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the GNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PDS  SCHIANO, SEET ADDRESS  FOR SCHIANO, SEET ADDRESS  SCHIANO, SEET ADDRESS  SCHIANO, SEET ADDRESS  SCHIANO, SEET ADDRESS  SUBJECT  T  LEHMANN  SEET ADDRESS  SIGNATURE  LUONG, N  1181 LAZY WINTER P  T  LEHMANN  SEET ADDRESS  SOS KILLIA  DELTONA  SEET ADDRESS  Y- ST- ZIP  ME  SEET ADDRESS  Y- ST- ZIP
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Addition  Change Addition	and directors. Thereby accept the appoint when renstating: ADDITIONS/CHANGES TO OFFICE freshchaff Director  327 0/ aw, Laurng Mec 327 92 reasurer / Secretary	in the above-named corporated by the corporation's board  13.  1 1 TIFLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TIFLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TIFLE 42 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 5 1 TIFLE 5 1 TIFLE 5 1 TIFLE 5 1 TIFLE	Change was authorized )505, Florida Statutes.  Indicable (NOTE: TORS ) DELETE   DELETE    DELETE   DELETE   DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the SNATURE  Signature, typed or print.  Signature, typed o
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition  Change Addition  Change Addition  Change Addition	and directors. Thereby accept the appoint when renstating: ADDITIONS/CHANGES TO OFFICE freshchaff Director  327 0/ aw, Laurng Mec 327 92 reasurer / Secretary	To the above-named corporated by the corporation's board  13.  1 1 TIFLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TIFLE 32 NAME 33 NAME 33 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TIFLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TIFLE 52 NAME	Change was authorized )505, Florida Statutes.  Indicable INOTE: TORS  DELETE  DELETE  DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the GNATURE  GNATURE  Signature, typed or print.  E.  LE PDS  ME SCHIANO, REET ADDRESS 502 RIVIEL  LY-ST-ZIP LUONG, IN REEL ADDRESS 1181 LAZY WINTER P  T  ME LEHMANN 659 KILLIA  FY-ST-ZIP DELTONA  LE  ME REEL ADDRESS 69 KILLIA  DELTONA  ME REEL ADDRESS (Y-ST-ZIP)  LE  ME ME ME ME
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition	and directors. Thereby accept the appoint when renstating: ADDITIONS/CHANGES TO OFFICE freshchaff Director  327 0/ aw, Laurng Mec 327 92 reasurer / Secretary	The above-named corporated by the corporation's board  13.  1 1 TIFLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TIFLE 42 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TIFLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TIFLE 52 NAME 53 STREET ADDRESS 45 CITY-ST-ZIP 5 1 TIFLE 52 NAME 53 STREET ADDRESS	Change was authorized )505, Florida Statutes.  Indicable INOTE: TORS  DELETE  DELETE  DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the GNATURE  GNATURE  IE PDS  ME SCHIANO, REET ADDRESS 502 RIVIEI  LY-ST-ZIP LUONG, MAREEI ADDRESS 1181 LAZY  WINTER P  T  ME LEHMANN  659 KILLIA  DELTONA  LE  ME REEI ADDRESS  (Y-ST-ZIP DELTONA  LE  ME REEI ADDRESS  WINTER P  T  LEHMANN  ME REEI ADDRESS  (Y-ST-ZIP DELTONA  LE  ME REEI ADDRESS  ME REEI ADDRESS
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition	and directors. Thereby accept the appoint when renstating: ADDITIONS/CHANGES TO OFFICE freshchaff Director  327 0/ aw, Laurng Mec 327 92 reasurer / Secretary	To the above-named corporated by the corporation's board  13.  1 1 TIFLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TIFLE 32 NAME 33 NAME 33 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TIFLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TIFLE 52 NAME	Change was authorized )505, Florida Statutes.  Indicable INOTE: TORS  DELETE  DELETE  DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the SNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE, typed or print  SIGNATURE  SIGN
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Change Addition	and directors. Thereby accept the appoint when renstating: ADDITIONS/CHANGES TO OFFICE freshchaff Director  327 0/ aw, Laurng Mec 327 92 reasurer / Secretary	in the above-named corporated by the corporation's board  13.  1 1 TIFLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TIFLE 32 NAME 33 NAME 33 NAME 43 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TIFLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TIFLE 52 NAME 53 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TIFLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	Change was authorized )505, Florida Statutes.  IPPICABLE (NOTE: TOPIS)  DELETE  DELETE  DELETE  DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the IGNATURE  IGNATURE  Signature, typed or print  SIGNATURE  INTERPORT  INTE
pose of changing its registered officintment as registered agent. I am  DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Change Addition	and directors. Thereby accept the appoint when renstating: ADDITIONS/CHANGES TO OFFICE freshchaff Director  327 0/ aw, Laurng Mec 327 92 reasurer / Secretary	The above-named corporated by the corporation's board  13.  1 1 TiffLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TIFLE 42 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TIFLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TIFLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6.1 TIFLE 6.1 TIFLE	Change was authorized )505, Florida Statutes.  IPPICABLE (NOTE: TOPIS)  DELETE  DELETE  DELETE  DELETE	in the State of Florida, Such obligations of, Section 607.0 dinane of registered agent and title if at OFFICERS AND DIRECT BIAGIO A DR TE SPRGS, FL00000 AC TRAN HOLLOW PL. ARK FL KEITH N CIR.	or registered agent, or both familiar with, and accept the GNATURE  GNATURE  Signature, typed or print of the standard or print

SIGNATURE: \_