

# PROFIT CORPORATION ANNUAL REPORT 1996



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

1. Corporation Name  
**BILLER-CARDINAL, INC.**



812 GARLAND AVE.  
NOKOMIS FL 34275

812 GARLAND AVE.  
NOKOMIS FL 34275

3a. Date of Last Report  
08/04/1995

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City &amp; State

Zip Country

24 25

29 30

**9. Name and Address of Current Registered Agent**

10. Name and Address of New Registered Agent

NEUBERGER, HOWARD, P.A.  
3201 W COMMERCIAL BLVD  
SUITE 200  
FT. LAUDERDALE FL 33309

81	Name	RICK SPRING / MENDIGUREN ASSOC.		
82	Street Address (P.O. Box Number is Not Acceptable)	6301 NW 5th WAY, Suite 3600		
83				
84	City	Ft. Lauderdale	FL	85 Zip Code 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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, which 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

[NOTE: Registered Agent signature required when reinstating]

DATE

## 12. OFFICERS AND DIRECTORS

### 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLER, THOMAS	
STREET ADDRESS	812 GARLAND AVE	
CITY - ST - ZIP	NOKOMIS FL	

DP  
BILLER, DITMAR  
812 GARLAND AVENUE  
NOKOMIS, FL 00000

CITY-ST-ZIP  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	DATE	TIME	LOCATION	STATUS	REMARKS
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

NAME STREET ADDRESS CITY - ST - ZIP		DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

1.2 NAME \_\_\_\_\_

1.3 STREET ADDRESS \_\_\_\_\_

1.4 CITY - ST - ZIP \_\_\_\_\_

2 1 TITLE ☐ Change ☐ Addition

2.4 CITY - S1 - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

4.2 NAME \_\_\_\_\_

4.3 STREET ADDRESS \_\_\_\_\_

4.4 CITY - ST - ZIP \_\_\_\_\_

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		

5.4 CITY - ST - ZIP		
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		

6.3 STREET ADDRESS \_\_\_\_\_  
6.4 CITY - ST - ZIP \_\_\_\_\_

and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further  
promise that this information is true and accurate and that my signature shall have the same legal effect as if made under

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 my address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Diagnosis: Echinococcus H.

CR2E034 (12/95)