

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **G46674** (9)

95 JAN 24 PM 2: 55

1. Corporation Name  
**BARDIDO CORP.**

Principal Place of Business Mailing Address  
C/O J. BENJAMIN  
4300 DUHME RD., SUITE 301  
MADEIRA BEACH FL 3708  
US **33738**  
P.O. BOX 86367  
MADEIRA BEACH FL 33738  
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 c/o J. Benjamin 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 4300 Duhme Road, Ste. 301 27  
City & State City & State  
23 Madeira Beach, Fl. 33738 28  
Zip Country Zip Country  
24 33738 25 U.S. 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**06/24/1983** **02/28/1994**  
4. FEI Number Applied For  
**59-2301723** Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be  
Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BENJAMIN, JEROME**  
**4300 DUHME ROAD, SUITE 3-D**  
**MADEIRA BEACH FL 33708**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE DP  
NAME BENJAMIN, JEROME  
STREET ADDRESS P.O. BOX 86367 NA  
CITY-ST-ZIP MADEIRA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME DP  
1.3 STREET ADDRESS Benjamin, Jerome  
1.4 CITY-ST-ZIP P.O. Box 86367  
Madeira Beach, FL. 33738  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-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 110.07(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 as an attachment with an address.

SIGNATURE: *Jerome Benjamin*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jerome Benjamin**

Jan 16, 1994 813/398-6641