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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G46674

(9)

C/O J. BENJAMIN 4780 DOLPHIN DAY LN. SUITE 103 ST. PETERSBURG FL 33711-4676

Mailing Address

BARDIDO CORP.

Principal Place of Business

SIGNATURE:

C/O J. BENJAMIN 4780 DOLPHIN DAY LN. SUITE 103 ST PETERSBURG FL 33711

| FILED |
|--------------------|
| Jan 30 1997 8:00am |
| Secretary of State |
| |

3a. Date of Last Report

3. Date Incorporated or Qualified

JAN 20, 1997

| Principal P | | | | | | 06/24/1983 | 01/2 | 5/1996 | |
|--|--|----------------------------|---------------|--|--|--|--------------|---------------|-----------------------|
| | Place of Business | 2a. Mailing Ad | dress | | | 4. FEI Number | | | oplied For |
| Suite, Apt | # etc | 26 Suite, Apt. | # etc | | | 59-2301723 | | \$8.75 | ot Applica |
| duite, ripi | #, C.N. | 27 | #, CIO. | | | 5. Certificate of Status Desired | | | Additional equired |
| City & Stat | e | City & Stat | te | | | 6. Election Campaign Financing | | | May Be |
| | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | | Country | , | 8. This corporation has liability fo | | | . 199.032 |
| | 25 | 29 | | 30 | | | Yes [| | |
| | 9. Name and Address of Curre | nt Registered Agen | ıt | 81 | T 100 | 10. Name and Address of New R | egistered / | lgent | |
| | BENJAMIN, JEROME | | | 01 | Name | | | | |
| 4780 DOLPHIN DAY LANE | | | 82 | Street Addr | ess (P.O. Box Number is Not Accepta | able) | | | |
| | E 103 | | , | 83 | <u> </u> | | | | |
| 51 F | PETERSBURG FL 33711 | | | | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| Pursuant | to the provisions of Sections 607.05 | 02 and 607 1508 Fir | orida Statute | s the show | e-named corn | poration submits this statement for the | | changing if | le regiete |
| office or r | registered agent, or both, in the State | e of Florida. Such ch | iange was ai | uthorized by | y the corporat | tion's board of directors. I hereby acc | ept the appo | ointment as | register |
| agent La | amī fam⊟ar with, and accept the oblig | gations of, Section 60 | 07.0505, Floi | rida Statute | S. | • | , ,, | | • |
| nature. | | | | | | | -2752 | | |
| | Stipoature, typical or printed name of registored as OFFICERS, AN | Jent and the if applicable | (NOTE | Hegistered Age | ent signature requir | red when reinstating) ADDITIONS/CHANGES TO OFF | DATE | DIRECTOR | 9S IN 12 |
| | DP OF HIGH S AF | | DELETE | 1.1 TITLE | ···· | ADDITIONO/OF WINGED TO GIT | | Change | Ad |
| ŧ | BENJAMIN, JEROME | _ | | 1.2 NAME | | | | | |
| ET ADORESS | 4780 DOLPHIN CAY LANE, SL | JITE 103 | | | ADDRESS | | | | |
| - ST - ZIF | ST. PETERSBURG FL | | | 1.4 CITY - 9 | | | | | |
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| E | | | | 2.2 NAME | | | | | |
| ET ADORESS | | | | 2.3 STREET | T ADDRESS | | | | |
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| - \$1 - ZIF | | | | | | | | | |
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