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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

STREET ADDRESS

	1996	DIVISION OF (	CORPOR	ATIONS			
1. Corporati	JMENT # <b>G733</b> #BING BY BISHOP, INC.	36 (1)					
, 2011							
Principal Pla	ce of Business	Mailing Address					
1501 DECKER AVE #313 2013 SW PITTS TERRACE							
STUART F		STUART FL 34995	-				
		US			3. Date Incorporated or Qualified 12/05/1983	3a. Date of Last 02/02/19	***
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Suite, Ap	t #. etc	Suite, Apt. #, etc.	·		59-2345645	<b>\$9.7</b>	Not Applicable
22		27			5. Certificate of Status Desired	1 1	5 Additional Required
City & Sta 23	ate	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees
<i>Z</i> (j) <b>24</b> ∐	Country 25	Z)p <b>29</b>	30 Cou	intry	8. This corporation has liability for in Florida Statutes Yes	□No	199.032,
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Ro	egistered Agent	
DUNG	EN BICHADO I						
DUNGEY, RICHARD J. 525 S. CAMDEN AVENUE				82 Street Add	fress (P.O. Box Number is Not Acceptable	θ)	
	RT FL 33497-2993			83			
				84 City		85 2	ip Code
44 Discussion	the the area is an afficient con con	00 and 007 4500. Fig. 3-1- Day 4				FL   T	
or regist	tered agent, or both, in the State of Hi	irida. Such change was authorize	s, the abo d by the o	ove-named corpo corporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing its intment as registere	registered office   d agent. I am
SIGNATURE	with, and accept the obligations of, Se	ciion 607.0505, Fiorida Statutes.					
	Signature, typica or primed name; of registered ag			Agent signature require	· · · · · · · · · · · · · · · · · · ·	DATE	
12.	OFFICERS A	NO DIRECTORS	13.	ITI 6	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	ORS IN 12
NAME	BISHOP, GARY	[_] beer it	1.1 N	1		[_] Change	ORS IN 12 Addition
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NAME			6264			Statige	

6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and described 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 an address DOWN BUT AND A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

2-6-96 407-256-