## 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

1996

SIGNATURE:

DOCUN 1. Gerporation EXECU		` '			
Principal Place of Business  1205-F2 ELIZABETH STR PUNTA GORDA FL 33950 US		Mailing Address 13196 DORAL AVE. PORT CHARLOTTE FL	33953		B 1947 GJBIJ GJBIJ GJBAJ BJBIJ GJBIJ GJBIJ 1097
03				3. Date Incorporated or Qualified 12/28/1983	3a. Date of Last Report 05/11/1995
2. Principol Pia 21	ce of Business	2a. Mailing Address 26		4. FEI Number 65-0043263	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Page
23   	Country 25	28 Zip	Country 30	8. This corporation has liability for i	Audeo to rees
	9. Name and Address of Curre	.	130	10. Name and Address of New R	<del></del>
0.15055	D. 1/PAIN (P.W. 1 %)		81 Name		
	D, KENNETH T. IORAL AVE.		82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
PORT CHARLOTTE FL 33953			83		
			84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607,050	2 and 607.1508, Florida Statute	es, the above named corpor	ration submits this statement for the pur	pose of changing its registered office
or registere familiar with	o agent, or both, in the State of Filtr n, and accept the obligations of Sec	rida. Such change was authoriz tion/607.0505, Florida Statutes	ed by the corporation's boar	rd of directors. I hereby accept the appoint	bintment as registered agent. I am
SIGNATURE -	d pod re, typed or print I have no regular effage	THON J PITE IT	TE Registered Agrict signature require		
		Valid the hassicable (NO VD DIRECTORS	It. Registered Agent signature require	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TILE	PST	☐ DELETE	1 1 TITLE		Change Add-tion
NAME	SAFREED, KENNETH T.		1.2 NAME		
STELLE ADDRESS	13196 DORAL AVE PT. CHARLOTTE FL		1 3 STREET ADDRESS		
CITY ST-ZIP TIT: F	TT. OIMILOTIL TE	DELETE	1 4 CITY-ST-ZIP 2 1 TIFLE		Change Addition
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1050		DELETE	5 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			52 NAME		_ · · · -
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11'LF		☐ DELETE	6 1 TITLE		Change Addition
NAMÉ			6.2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
00 S1-20	continue that the information areasted	with this filing is uphented; from	64 City-St-ZiP	or the exemption stated in Section 119.	07/2VId. Elocido Ptot dos 14 do-
certily that oath; that b	r certify that the information supplied the information indicated on this and am an officer or director of the corp Block 12 or Block 18 if changed, or	ual report or supplemental ann oration or the receiver or truste	ual report is true and accura e empowered to execute thi	or the exemption stated in Section 119, ite and that my signature shall have the s report as required by Chapter 607, Fig.	હત્તુગ્રાહ્યું, Florida Statutes, I further same legal effect as if made under orida Statutes; and that my name

PRES. KENNEK T. SAFREED 2-29-96 941-637-9800