CORPO	OFIT DRATION L REPORT	FLORIDA DEPARTI Sandra B. I Secretary	Mortham of State			
19	996	DIVISION OF CO	RPORATION	NS.	_	
DOCUM 1. Corporation Na	ENT # H2563	8 (8)		•	a	
	BOIS, INC.) I KANGAI BIJA MERLAHIK BIJE 1118L I	ANI BIBIK BIBIK BUBIK BIBIK BIBIK BIBIK BIBIK
Principal Place of	Business	Mailing Address				
9725 U.S. 27 N DAVENPORT FL	. 33837	9725 U.S. 27 N. Davenport Fl 33837				
<u> </u>					3. Date Incorporated or Qualified 10/16/1984	3a. Date of Last Report 06/16/1995
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number 59-2486703	Applied For Not Applicable
21		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #,	etc.	27			6. Election Campaign Financing	Fee Required \$5.00 May Be
City & State		City & State			Trust Fund Contribution	Added to Fees
Zφ	Country	Zip 29	Country 30		This corporation has liability for it Florida Statutes	□ No
24	9. Name and Address of Curre	1201			10. Name and Address of New R	egistered Agent
	O.O. DANUEL I		81	Name	dress (P.O. Box Number is Not Acceptab	le)
CHARLEE 9725 US	BÖIS, DANIEL L. 27 N.		82	Street Add	dress (P.O. Box Number is Not Accepted	
	ORT FL 33837		83			
			84	1 1		FL 85 Zip Code
14 Bureugot to	the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s the above-	named corpo	oration submits this statement for the pul ard of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
or registere	id agent, or both, in the State of Flo n, and accept the obligations of, Se	irida. Such change was authorize ction 607.0505, Florida Statutes.	•	XXIAIIOI15 DO	and of directors. The day assessed in the	_
0.01171105	11.112 CH				A 4 A	11-10-96
TOWNS TO SE	and a series of registered and	Mori and title if and cable. (NOT	L CA E: Registered Age	IAL LEB	ods president	4-18-96 DATE
12.	Signature, typed or printed name of registered age OFFICERS A	ont and title if applicable. (NOT ND DIRECTORS	E: Registered Age	int signature requi	ods president	U-/8-96 DATE ICERS AND DIRECTORS IN 12 ☐ Change Addition
	OFFICERS A	ont and title it applicable. (NOT	E: Registered Age 13. 1.1 TITLE	nt signature requi	ods president	DATE FICERS AND DIRECTORS IN 12
12. THE	OFFICERS A	ont and title if applicable. (NOT ND DIRECTORS	E: Registered Age 13. 1. 1 TITLE 1.2 NAME	nt signature requi	OSS PRESTOEM ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12
12. TIFLE	OFFICERS A CHARLEBOIS, DANIEL L	on and tide if applicable. (NOT NO DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requi	OUS PRESIDENT FOR WHEN REISENDS ADDITIONS/CHANGES TO OFF	DATE TOERS AND DIRECTORS IN 12 Change Addition
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14. I do hereby certify that the information supplied with this filling 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 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 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 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 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 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 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 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 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 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (12/95)