## 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

DOCUMENT # J12573

(8)

FILED May 01 1996 8:00 am Secretary of State

| 1. Corporation PAYBIL   |  | ( )                                      |  |   | ID KIRK DIRAN BIRNI BIRNI BIRNI BIRNI BIRNI KARI |
|---|--|--|--|---|--|
| Principal Place   | of Business  | Mailing Address                          |  |   |  |
|   |  | 207 S DIXIE HWY<br>W. Palm Beach Fl 3340 | 1  |   |  |
|   |  |  |  | 3. Date Incorporated or Qualified 05/02/1986                                      | 3a. Date of Last Report 08/23/1995               |
| 2. Principal Pla  | ace of Business  | 2a. Mailing Address                      | 7th Ace  | 4. FET Number<br>74-2414905   | Applied For Not Applicable                       |
| Suite, Apt. #   | f, etc.  | Suite, Apt. #, etc<br>27 Att n: Tal      | (  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                   |
| City & State  |  | City & State                             | USSIA VA   | Election Campaign Financing     Trust Fund Contribution                           | S5.00 May Be Added to Fees                       |
| Zip<br>24   | Country 25   | <sup>7</sup> <sub>0</sub> 1940 3         | Counts A   | This corporation has liability for Florida Statutes                               | ·  |
|   | 9. Name and Address of Curre   |  |  | 10. Name and Address of New I   |  |
|   |  |  | 81 Name  |   |  |
| PAYNE, GEORGE F.<br>207 S DIXXE HWY<br>W. PALM BEACH FL 33401 |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) 83 |   |  |
| TV. FALIV   | i beach fl 33401   |  | 84 City  |   | FL 85 Zip Code                                   |
| or registere  | o the provisions of Sections 607.050<br>ed agent, or both, in the State of Flor<br>h, and accept the obligations of, Sec | ida. Such change was authorized.         | the above named corpora<br>by the corporation's board    | ition submits this statement for the pu<br>d of directors. Thereby accept the app | mose of changing its registered office           |
|   | Signature, Sport or printed name of relistors traje:   |  | Registered Agent signature required                      |   | DATE FICERS AND DIRECTORS IN 12                  |
| 12.   | VD OFFICERS AN   | ID DIRECTORS                             | 13.  | ADDITIONS/CHANGES TO OH   | Change Addition                                  |
| NAME  | PAYNE, GEORGE F.   | <b></b>                                  | 1.2 NAME   |   |  |
| STREET ADDRESS  | 21731 W. 31ST SO.  |  | 1.3 STREET ADORESS                                       |   |  |
| CITY-S1-ZIF   | GODDARD KS   |  | 14 CITY - ST - ZIP                                       |   |  |
| TITLE   | D  | DELETE                                   | 2 1 TITLE  |   | Change Addition                                  |
| NAME  | PAYNE, ROGENE J.   |  | 2.2 NAME   |   |  |
| STREET ADDRESS  | 21731 W. 31ST SO.  |  | 2.3 STREET ADDRESS                                       |   |  |
| CITY-ST-ZIP   | GODDARD KS   |  | 2.4 CITY - ST - ZIP                                      |   |  |
| TITLE   | PD ICANONIC DIMAYAN  | ☐ DELETE                                 | 3 1 TITLE  |   | Change Addition                                  |
| NAME  | JENKINS, D WAYNE<br>3445 N WEBB RD   |  | 3 2 NAME   |   |  |
| STREET ADDRESS  | WICHITA KS   |  | 3.3 STEEFT ADDRESS                                       |   |  |
| CITY-ST-ZIP<br>TITLE  | VD VD  | DELETE                                   | 3 4 City - St - ZiP<br>4 1 Title                         | y   | Change Addition                                  |
| NAME  | PERKINS, GREG R  | C) been                                  | 4.2 NAME   |   |  |
| STREET ADDRESS  | 3445 N WEBB RD   |  | 4.3 STREET ADORESS                                       |   | Ì  |
| CITY-ST-ZIP   | WICHITA KS   |  | 4.4.CiTY-ST-ZiP  |   |  |
| TITLE   |  | DELETE                                   | 5 1 TITLE  |   | Change Addition                                  |
| NAME  |  |  | 5 2 NAME   |   |  |
| STREET ADDRESS  |  |  | 5 3 STREET ADDRESS                                       |   |  |
| C:TY-ST-Z:P   | <u> </u>   |  | 5 4 CITY -ST - ZIP                                       |   |  |
| TITLE   |  | ☐ DELETE                                 | 6 1 TITLE  |   | Change Addition                                  |
| NAME  |  |  | 6.2 NAME   |   |  |
| STREET ADDRESS  |  |  | 6.3 STREET ADDRESS                                       |   |  |
| CITY-ST-ZIP   | L  |  | 6 4 C(TY - ST - Z(P                                      |   | OWOWA Floring Plant Are 15 day                   |

4. I do hereby certify that the information supplied with this filing 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arri 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 changes for a tracking it will appear attacking it will be appeared in the corporation of the corporatio

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96 (310)631-5CM

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