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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J46843 (5) SOUTH FLORIDA INSECTAWAY, INC.  Principal Place of Business Mailing Address					A CORRECT DINGS SHOULD BE A DESIGNATED BY A DESIGNATION OF THE RESIDENCE O	T 11# <b>210</b> 11 310		NON BILIN KATA
C/O MENDOZA. CALLAS & SCHILLING 251 ROYAL PALM WAY PO BOX 2715 PALM BEACH FL 33480		C/O MENDOZA. CALLAS & SCHILLING 251 ROYAL PALM WAY PO BOX 2715 PALM BEACH FL 33480		Date Incorporated or Qualified				
					12/09/1986	0	3/28/1 <del>9</del> 9	
2. Principal Place of Business  Suite. Apt. #, etc.		2a. Mailing Address	2a. Mailing Address		4. FEI Number 59-2754557			Applied For Not Applicable
		Suite, Apt. #, etc				\$8.75 Additional		
2	,,	27			5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cour	itry	8. This corporation has liability for		ax under s	199.032,
4	25	29	30			S □ No		
<del></del>	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New F	Registered	Agent	····
			ľ					
	ZA, CALLAS & SCHILLING		[	82 Street Add	fress (P.O. Box Number is Not Acceptab	ble)		
	AL PALM WAY		ł,	83		<del>.</del>		·
PALM DE	EACH FL 33480-1310		-			<u>-</u>	[at] 7.	. 0
			1.	84 City		FL	_  85   Zq	Code
11. Pursuant to	a the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abov	re-named corpo	oration submits this statement for the pu	irpose of ch	anging its r	egistered office
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Floric h, and accept the obligations of, Sect	da, Such change was authori ion 607.0505, Florida Statute	zed by the co s.	orporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	irpose of ch pointment as	anging its r	egistered office agent. I am
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oath; that I am an officer or director of the coappears in Block 12 or Block 13 if changed;

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/62/16-96 (407) 798-6819