FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

P.O. BOX 1324

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

DOCUMENT # J91313

DAVID C. BORNMANN, P.A.

P.O. BOX 1324

CITY - ST - ZIP

Jan 16 1997 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 (3)Principal Place of Business Mailing Address 811-A DOUGLAS AVENUE 811-A DOUGLAS AVENUE

FILED

DUNEDIN FL 34698 DUNEDI				EDIN FL 34698-4943		· L				
									te of Last Report 6/1996	
2. Principal Place of Business 2a. Mailing				ng Address			4. FEI Number		Applied For	
21			26			59-2827038 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 Additional Fee Required	
23	City & State		City & State	City & State 28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Ζφ	Country 25	Zip 29	├-¬ '			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
BORNMANN, DAVID C. 811-A DOUGLAS AVENUE DUNEDIN FL 34698					81	Name				
					82	82 Street Address (P.O. Box Number is Not Acceptable)				
					83					
					84	City		FL ⁸	5 Zip Code	
1	office or registered a	agent or both, in the S		ange was authoriz	ed by	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep			

SIGNATURE Signature, typed or printed name of regimetric lagent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE BORNMANN, DAVID C. 1.2 NAME NAME 811A DOUGLAS AVENUE STREET ADDRESS 1.3 STREET ADDRESS DUNEDIN FL 1.4 CITY-ST-2IP CHTY - ST - ZIP DELETE ☐ Change TITLE 2 1 TITLE Addition 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CFTY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 3 4. City - ST - ZIP DELETE Addition 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 City-St-7IP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.

313,212,2931