SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (3)**R.J. KIDON & ASSOCIATES INC.** Mailing Address Principal Place of Business N 71 W 29484 TAMRON LANE N 71 W 29484 TAMRON LANE HARTLAND WI 53029 HARTLAND WI 53029 3a. Date of Last Report 3. Date Incorporated or Qualified 09/08/1987 08/01/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2856509 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5,00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Z_{10} Zip 🔣 Yes 🔀 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Catherine E. Kidon KOBZA, KIM PARTICK (E Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiumi Trail 82 4001 TAMIAMI TRAIL N 330 83 330 NAPLES FL 33940 710 Code 34103 85 City Naples 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes. Yugy 30, 1996 there is Kid E. Kidon Kidon Catherine atherine SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1.11(LE TITLE CR2E034 1.2 NAME KIDON, R. J. NAME 1.3 STREET ADDRESS N71 WEST 29484 TAMRON LANE STREET ADDRESS HARTLAND WI 1 4 CITY - ST - ZIP CITY - ST-ZIP Ghange Addition DELETE 2 1 TITLE TITLE 2.2 NAME KIDON, F.S. NAME N81 WEST 29484 TAMRON LANE 2.3 STREET ADDRESS STREET ADORESS HARTLAND WI 2 4 CITY ST-ZIP CITY-S1-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4 3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELFTE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS. STREET ADDRESS 64 CITY - ST - ZIP 14. 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 1 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 oath, that i am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address CITY - ST - ZIP

SIGNATURE:

CHANGE AND EAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L 2

7/21/96 (414)538-1254