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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K23955

(3)

**CORPORATION XIDIX** 

-	•	 1-
l	XIDIX	

FILED Jan 28 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address 1290 NENBURG AVE NW PALM BAY FL 32907-1095			- I TORNOTTO ATRE TABLE LITTLE MANNET BANK BARK BARK BARK BARK BARK BARK BARK BAR	
1290 NIENBURG PALM BAY FL					:	
					3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			<b>59-2897880</b> Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	untry	This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes Yes No	
	9. Name and Address of Current	t Registered Agent	.1		10. Name and Address of New Registered Agent	
EBU	rn, William H Jr			81 Name	ne	
1290	) NEINBURG AVE., NW		-	82 Street Address (P.O. Box Number is Not Acceptable)		
PALI	M BAY FL 32907			0.00	arrange (	
				83		
				<b>84</b> City	Ar I 7: Code	
				City	FL 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered age: OFFICERS AND		TE Registere	d Agent signatu	ture required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOTLE	POT	DELETE	1.1 T	TLE	☐ Change ☐ Addition	
NAME	EBURN, WILLIAM H JR		1.2 N	AME		
STREET ADDRESS	1290 NIENBURG AVE, N.W.		1.3 S	TREET ADDRESS	xs -	
CHY-ST-ZIP	PALM BAY FL		1.4 C	ITY-ST-ZIP		
TITLE	VOS	☐ D€LETE	2.1 T	TLE	Change Addition	
NAME	EBURN, DORTHY H		2.2 N	AME		
STREET ADDRESS	1290 NIENBURG AVE., N.W.		2.3 S	TREET ADDRESS	s į	
Crty - ST - ZiP	PALM BAY FL			CITY-ST-ZIP		
TITLE	•	☐ DELETE	3.1 T		Change Addition	
NAME			3.2 N			
STREET ADDRESS				TREET ADDRESS	s	
CHY-ST-ZIP TPLE		DELETE	3.4. t	TIF	Change Addition	
NAME			4.21		Change Audulin	
STREET ADDRESS				treet address	s	
CITY-ST-ZIP				ity-st-zip		
TITLE		DELETE	5.1 T		Change Addition	
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	treet address	s	
CITY - SI - ZIP			5.4 C	ITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TI	TLE	Change Addition	
NAME			6.2 N	ame		
STREET ADDRESS				TREET ADDRESS	s	
CiTY-ST-ZiP			6.4 C	ITY-ST-ZIP		

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an address.

SIGNATURE:

1/18/97 (407)676-4449