FIL	E NOW: FI	LING FEE A	FTER MAY 1 IS	S \$225.0	0			
COF ANNU	PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State					
1996			DIVISION OF CORPORATIONS					
DOCU 1. Corporation	MENT # n Name	K54101	(6)					
BDL, I	NC.							
Principal Piace	e of Business		Mai'ing Address			100100111616161616161616	DI 1001 GUDU GUDU GARA	I DIDIN BIBNI DHAN IBEN
	STREET NORTH R FL 34620-9817		14333 58TH STREET NO CLEARWATER FL 34620					
					· · · · · · · · -	3. Date Incorporated or Qualified 01/01/1989	3a. Date of L 02/01	/1995
_2, Principal Pl 21	lace of Business		2a. Mailing Address 26			4. FEI Number 59-2930751		Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State			City & State			6. Election Campaign Financing	\$	5.00 May Be
Zip Country			Zip Country		Trust Fund Contribution 8. This corporation has liability for	intangible tax und	Added to Fees ders 199.032,	
24 25 29 30 9. Name and Address of Current Registered Agent						Florida Statutes Ye 10. Name and Address of New	s Mariatered Ager	
				81	Name			
	, PHILLIP M.			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
	58TH STREET NO			83			··································	
CLEAR	WATER FL 34620							•
				84	Dity		FL 85	Zip Code
11. Pursuant	to the provisions of	Sections 607.0502 an	d 607.1508, Florida Statute Such change was authorize	s, the above-nar	ned corpo	ration submits this statement for the pure of directors. I hereby accept the app	urpose of changing	g its registered office
familiar w	ith, and accept the o	obligations of, Section	607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed	name of registered agent and	title if applicable (NOT	E: Registered Agent si	gnature require	od when reinstatingi	DATE	
12.		OFFICERS AND D		13.		ADDITIONS/CHANGES TO OF		
TITLE	D MOVED DUIL	LID M	☐ DELETE	1. 1 TITLE	-		☐ Ch	ange 🔲 Addition
NAME STREET ADDRESS	MOYER, PHILLIP M. 14333-58TH ST. NORTH			1.2 NAME 1.3 STREET AD	DOTCO			
CITY-ST-ZIP	CLEARWATE			1.3 STREET AD				
TITLE	D		DELETE 2 1 TITU				Ch	ange Addition
NAME	HARPER, JAMES R.		2 2 NAM					
STREET ADDRESS	311 PARK PLACE BLVD CLEARWATER FL			2 3 STREET AD				
CITY - ST- ZIP TITLE	VERNITATER I E		24 CITY-ST-ZIP DELETE 3 1 TITLE		ZIP		☐ Ch	ange Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3. STREET AL	DDRESS			
CITY - ST- ZIP				3.4 CHY-ST-ZIP				
TITLE			DELETE 4.1 TITLE			Ch	ange 🔲 Addition	
NAME				4.2 NAME				
STREET ADORESS				4.3 STREET AD				
CITY-ST-ZIP TITLE			5 1 TITLE			ange Addition		
NAME				5.2 NAME				
STREET ADDRESS				5 3 STREET AC	ORESS			
CITY - S™ ZIP				5.4 CHY-ST-	ZIP			
TATLE			☐ DEFELE	6 1 TITLE			☐ Ch	ange [Addition
NAME CIRCL ADDRESS				62 NAME 63 STREET AC	UBECC			
STREET ADDRESS	1			■ 03 SINEEL AL	OHEJO			

63 STREET ADDRESS
CHY-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. I further certify that the information indicited 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE

Deterministry

D

4-19-96 813 530 5444

Dete Departe Price +