PROF CORPORA ANNUAL R 199	IT ATION REPORT		FLORIDA DEPARTMENT Sandra B Mortha Secretary of Stat DIVISION OF CORPOR		STATE	-		
OCUMEN		K56574	(2)					
Corporation Name	•	D FOAM, INC.					nen Ridt Bidit Bidil Stati bidil did	19 <b>BUB</b> AR ( <b>480</b> )
MUKEIZ	LADUIC VIA	D I OWN, INO.						
ncipal Place of Bus	siness		Mailing Address			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
1129-C RIDGEWO	OOD AVE.		129-C RIDGEWOOD AVE. HOLLY HILL FL 32117					
HOLLY HILL FL	32117		HOLLY HILL PL SET	r		3. Date Incorporated or Qualified	3a. Date of Last Report 03/10/1995	
						01/03/1989		ed For
Principal Place of	Business		2a. Mailing Address	/		4. FEI Number 59-2922297		Applicable
-micipal raise of			26				\$8.75 Ad	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		
			City & State			6. Election Campaign Financing	\$5.00 M Added to	
City & State			28			Trust Fund Contribution  8. This corporation has liability for		
Zip	Cou		Zipi	30 Cou	ntry	Florida Statutes 12 Ye	'es ∐No	
	25	dress of Current R	29	1301		10. Name and Address of New	Registered Agent	
I JE A LI MAE	A BEACH FL 3	26117						
			nd 607,1508, Florida Statu Such change was authori	tes, the ab	84 City ove-named cor- corporation's t	poration submits this statement for the ward of directors. Thereby accept the a	purpose of changing its reg appointment as registered as	atarad of
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14. If 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 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 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 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 certify that the information indicated on this annual report or supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 is changed, or on an attachment with an arkdress.

SIGNATURE. MANNAMENTAL UNE AND TYPED OR PRINTED NAME OF LIGHTING OFFICER OR DIRECTOR OF MOYET 3 48/96 (904) 263-6212 SIGNATURE:

6 2 NAME

6 3 STREET ADDRESS

TITLE

NAME

0008685

CR2E034 (12/95)