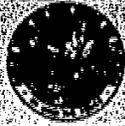


**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1995 AUG -3 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K57681 (4)**

1. Corporation Name  
**BIZARRO ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
~~STANLEY FICNERSKI~~ Nathan Baer ~~STANLEY FICNERSKI~~ Nathan Baer  
17221 SAN CARLOS BLVD. 17221 SAN CARLOS BLVD.  
FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/11/1989 3a. Date of Last Report 04/18/1994  
4. FEI Number 65-0101529 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  X-Yes

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
FICNERSKI, STANLEY  
17221 SAN CARLOS BLVD.  
FORT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent  
81 Name Nathan D. Baer  
82 Street Address (P.O. Box Number is Not Acceptable) 17221 San Carlos Blvd.  
83  
84 City Ft. Myers Beach FL 85 Zip Code 33931

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.

SIGNATURE Nathan D. Baer - President - DATE 7-20-95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FICNERSKI, STANLEY
STREET ADDRESS	2150 ST, PETERS DRIVE
CITY - ST - ZIP	FORT MYERS BEACH FL
TITLE	D
NAME	FICNERSKI, NANCY
STREET ADDRESS	2150 ST, PETERS DRIVE
CITY - ST - ZIP	FORT MYERS BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nathan D. Baer	
1.3 STREET ADDRESS	2529 SW 12th Place	
1.4 CITY - ST - ZIP	Cape Coral, FL 33914	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lester V. Baer	
2.3 STREET ADDRESS	23535 CR 28	
2.4 CITY - ST - ZIP	Goshen, IN 46526	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Susan M. Baer	
3.3 STREET ADDRESS	2529 SW 12th Place	
3.4 CITY - ST - ZIP	Cape Coral, FL 33914	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(4), 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, or on an attachment with an address.

SIGNATURE: Nathan D. Baer DATE 7-20-95 TELEPHONE 941-466-8080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)