FILE NOW	: FILING	FEE	AFTER	MAY 1	1 18	\$225.	00
----------	----------	-----	--------------	-------	------	--------	----

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K82879 **DOCUMENT #**

(3)

1. Corporation Name LILDARLIN, INC.



			<u> </u>	. =			
Principal Place		Mailing Address				·= •## 515(1 2)	*** ***** ***** #{# * # #
1432 MAIN : Dunedin Fl		1432 main St. Dunedin Fl 34698					
			•		3. Date Incorporated or Qualified 04/13/1989	3a. Date of 09/2	Last Report 2/1995
2. Principal Pl	ace of Business	28. Mailing Address			4. FEI Number 65-0111617		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State	0	City & State		***************************************	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Z _I p 29	Countr	у	8. This corporation has liability for	intangible tax ui	· · · · · · · · · · · · · · · · · · ·
<u>-1</u>	9. Name and Address of Curre				10. Name and Address of New		ont
			8.	Name	10. Name and Address of New	nogistered Age	
PONZIO), BRUNO S			1			
2438 TF	REEMONT WAY 906 50	N SALUADOR	D.₽. 8	Street A	ddress (P.O. Box Number is Not Accepta	ole)	
	IN FL 34698	- (8	3			
				1			
			84	City		FI ¹⁸	35 Zip Code
familiar with	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was autho stion 607.0505, Florida Statut	rized by the con es.	poration's b	coration submits this statement for the pu oard of directors. I hereby accept the app	pointment as reg	istered agent. I am
12.	Signature, typed or printed name of registered ager OFFICERS AN	ND DIRECTORS	NOTE Hagistered Age	nt signature req	Lifed when reinstating) ADDITIONS/CHANGES TO OF I	DATE	3E 03 000 JN +0
TITLE	D	DELETE	1. 1 TITLE	T	ADDITIONS/CHANGES TO ON		hange Addition
NAME	PONZIO, BRUNO S		1.2 NAME				
STREET ADDRESS	2438 TREEMONT WAY		4.3 STREE	T ADDRESS	906 SAND SALVAE	DAD DR	IVS
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-			1016 1211	, - (
TITLE	VP	DELETE	2 1 TITLE			⊠ 0	hange 🔲 Addition
NAME	HUNTLEY, JACK		2.2 NAME	-			_
STREET ADDRESS	2438 TREEMONT WAY		√2 ∂SIREE	T ADDRESS	906 SAN SALVA	DOR DI	RIVE
CITY-ST-ZIP	DUNEDIN FL 34698		2 4 CITY -	I .	-		
TITLE	S DOUTE LIVING	☐ DELETE	3. 1 TITLE			⊠ 0	hange Addition
NAME	PONZIO, LYNNE		3.2 NAME			•	_
STREET ADDRESS	2438 TREEMONT WAY		3.3. STREE	1 ADDRESS	906 SAN SALVA	DOR D	RIVE
CITY-ST-ZIP	DUNEDIN FL 34698		3 4 CITY -	S1 - 7/P			
TITLE		☐ DELETE	4. 1 TITLE			□ c	hange 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		<u></u>	4.4 CITY -	915-18			
TITLE		DELETE	5. 1 TITLE			C	hange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	f ADDRESS			
CITY-ST-ZIP			5.4 CITY-	\$1 - ZIP			
TITLE		DELETE	6 1 TITLE				hange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	LADDRESS			

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily lumished 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 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 off an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF THE R OR DIRECTOR

5/5/96 813 345-5926