FILE NOW: FILING	ATTS.	1 IS \$550.00 DA DEPARTMENT OF STATE	APPROVED AND	pg.10/2
CORPORATION NUAL REPORT	Sandra B Morthana Secretary of State		1 Hatar	
1997	DIVIS	SION OF CORPORATIONS	97 JUN -9 AM 9: 25	
DOCUMENT # L D	7298 Comporati	ion	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Brainess 9380 Bird Road Misami, Fl. 381	Mailing Address	Bird Road	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Add	Iress	4. FEI Number (5-0138(20	Applied For Not Applicable
Suite, Apt. #, etc.	26 Suite, Apt. #	f, etc.	5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
Zip Country	28	Country	8. This corporation has liability fo	r intangible tax under s. 199.032.
24 25 25 Name and Address of	29 29 Current Registered Agent	30	Florida Statutes 10. Name and Address of New R	Yes No registered Agent
Richard In 9280 Bird Mians Fl.		83 84 City	corporation culmits this statement for the	FL 85 Zip Code
office or registered agent, or both, in agent. I am familiar with, and accept to	the State of Florida, Such cha the obligations of, Section 607	nge was authorized by the corp r,0505, Florida Statutes.	oration's board of directors. I hereby acc	purpose of changing its registered lept the appointment as registered
SIGNATURE Signature, typied or printed name of red 12. OF FIC	gistered agent and life of applicable CERS AND DIRFCTORS	(NOTE: Flugistered Agent signature I	equired when reinstating) ADDITIONS/CHANGES TO OFF	DATE
TITLE NAME STREET ADDRESS THE TITLE NAME THE	ntorign Dond	1.1 TOLE 1.2 NAME 1.3 STRELL ADDRESS	400002: -06/11	Charige
TITLE VP AME 9270 CONTROL OF THE STADES	Fred Road 15	2.1 TITLE 2.2 NAME 2.3 STHELL ADDRESS 2.4 CITY-ST-ZIP		209214 - Adduen /9701106004 65.00 ****165.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		### 31 TITLE 31 TITLE 32 NAME 3.3 STREEL ADDRESS 3.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY: ST-7IP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	0			Change Addition
CITY- ST-ZIP TITLE \ NAME STREET ADDRESS CITY- ST-ZIP	_	61 THE 62 NAM: 62 NAM: 63 STREET ADDRESS 64 CHY-51-74P		☐ Change ☐ Addition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
14. I do hereby certify that the information information indicated on this annual rule I am an officer or director of the corporation.	eport or supplementa: armaal gration or the receiver or trust angrad, or on an atlackment w	not qualify for the exemption st report is true and accurate and se empowered to execute this re	that my signature shall have the same leg eport as required by Chapter 607, Florida	gal chect as it made under oath; that Statutes, and that my name

The state of the s



June 6, 1997

Amy Allen, Document Specialist Florida Department of State / Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Ms. Allen:

Thank you so much for taking the time to help me with my situation. As we discussed, we did not receive the 1996 profit corporation annual report form because of a bad address in your files. Enclosed, please find check #4417 in the amount of \$200 to cover the fee & the 1997 profit coporation annual report form you returned with the enclosed check.

Thanks again for all your help!

Richard J. Interian