FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L15204** **(5)**

1. Corporation Name
BIEDERMAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9823 N. EM-EN-EL GROVE ROAD LEESBURG FL 34788	9823 N. EM-EN-EL GROVE ROAD LEESBURG FL 34788

3. Date Incorporated or Qualified: 09/11/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 4200 S. Hwy. 19-A
22 Suite, Apt. #, etc.
23 City & State: ~~Mt~~ Mt. Dora, FL.
24 Zip: 32757 25 Country: LAKE

2a. Mailing Address
26 2035 Overview Ln.
27 Suite, Apt. #, etc.
28 City & State: Eustis, FL.
29 Zip: 32726 30 Country: LAKE

4. FEI Number: 59-2972470 ☐ 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 ☐ Yes ☒ ~~No~~

9. Name and Address of Current Registered Agent

BIEDERMAN, ROGER
9823 N. EM-EN-EL GROVE ROAD
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name: BIEDERMAN, ROGER
82 Street Address (P.O. Box Number is Not Acceptable): 2035 overview Ln.
83
84 City: Eustis FL 85 Zip Code: 32726

11. Pursuant to the provisions of Section 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: Roger Biederman 4/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD BIEDERMAN, ROGER 9823 N EM'-EN-EL GROVE RD. LEESBURG FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSD BIEDERMAN, Roger 2035 overview Ln. Eustis, FL 32726	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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: Roger Biederman 4/25/96 352-357-9964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #