## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	IAL REPORT	C	Secretary of State DIVISION OF CORPORATION			Secretary of State		
	MENT # L152	<b>\'</b>						
RIFDERI	MAN ENTERPRISES, IN	IG.				a sociente dos fentes ascela de despe	ár Gibht Gláic brair Éidic dea	() <b>4(4)</b> ( ( <b>10</b> )
Principal Place of Business Mailing Address						r ladicāri dos bisas divita serus abrit di	åi minst mikti klikti ginti min	11 Mikto (DAr
4200 S. HWY. MT DORA FL :		2035 OVERVIEW LN EUSTIS FL 32726-5811						
US		US				3. Date Incorporated or Qualified	3a. Date of Last F	Poport
		•				09/11/1989	05/01/1996	
2. Principal Pr	ace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26			· · · · · · · · · · · · · · · · · · ·	59-2972470	<del></del>	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State	)	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zιρ				Country  8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  You				
24 25 29 30 9. Name and Address of Current Registered Agent						Florida Statutes  10. Name and Address of New R		
RIFI	DERMAN, ROGER			81	Name			
2035 OVERVIEW LN				82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
EUSTIS FL 32726							·	
1				83	1			
				84	City		FL 85 Zip	Code
office or n agent I as SIGNATURE	egistered agent, or both, in the in familiar with, and accept the	State of Florida. Such change wa obligations of, Section 607.0505,	s authorize Florida Sta	ed by itutes	the corpor s.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing applications as	registered
12.	Signal zo, lyped or proted name of registe OF FICER	IS AND DIRECTORS	13.	ao Age	mi signature rec	ADDITIONS/CHANGES TO OFFI		RS IN 12
TITLE	PSD	DELETE	1.1 T	TLE			Change	Addition
NAME	BIEDERMAN, ROGER		1.2 6	IAME				;
STREET ADDRESS	2035 OVERVIEW LN		- 1		ADDRESS			ļį
CITY - ST - ZIP	EUSTIS FL	DELETE		HY-S	T-ZIP		Change	Addition (
TITLE NAME			2.1 T			1 1 1 <u>1</u>	Change	L Vocilion
STREET ADDRESS					ADDRESS			
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NAME			5.2 1	NAME	1			
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TILLE		☐ DELETE		HTLE			[] Change	Addition
NAM:				NAME STREET	T ADDRESS	•		
STREET ADDRESS			0.33	ornee i	ADUNESS			

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplementational 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 received 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 or applications with an address.

**SIGNATURE:** 

**FILED** 

Apr 18 1997 8:00am