## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

| L. Corporatio  | MENT<br>On Name<br>TA CHARL      |  | 06 (4   | <b>l)</b>  |  | I deeman die word en die deeman de die de de deeman de | LING BULL BURDE                       | 1/ <b>1</b> /! <b>6</b> /1/! <b>0</b> | -<br>                                    |
|--|----------------------------------|--|---|--|--|--|---------------------------------------|---------------------------------------|--|
| Principal Place  | e of Business                    |  | Mailing Address   |  |  |  | IRAR KALANDA                          |                                       |  |
| 860 BOWLINE DR P O BOX 4529 VERO BCH FL 32963 TULSA OK 74159 US  |                                  |  |   |  |  |  |                                       |                                       |  |
|  |                                  |  |   |  |  | 3. Date Incorporated or Qualified 10/31/1989   | 1                                     | e of Last F<br><b>02/16/1</b>         |  |
| Principal Place of Business  |                                  |  | 2a. Mailing Address   |  |  | 4. FEI Number  | · · · · · · · · · · · · · · · · · · · |                                       | Applied For                              |
| Suite, Apt.  | #, etc.                          |  | Suite, Apt. #, etc  |  |  | 65-0155404   |                                       |                                       | Not Applicable                           |
|  |                                  |  | 27  |  |  | 5. Certificate of Status Desired   |                                       | φö./:<br>Fee                          | 5 Additional<br>Required                 |
| City & State   |                                  |  | City & State  |  |  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees           |                                       |  |
| Zip<br>1   |                                  | Country  | Zip   | <u> </u>   | untry  | 8. This corporation has liability for  |                                       |                                       |  |
| J  | Q Name                           | 25 and Address of Curre  | 29  | 30   |  |  | s 风No                                 |                                       |  |
|  | v. Hunte                         | ANDIDOS DI QUI[6]  | ·· rießisteren wästit   | <del> </del>   | 81 Name  | 10. Name and Address of New  | Registered                            | Agent                                 |  |
| Garris, Charles E.<br>817 Beachland Boulevard  |                                  |  |   |  |  | dress (P.O. Box Number is Not Accepta  | ble)                                  |                                       |  |
|  | BEACH FL                         |  |   |  | B3   |  |                                       |                                       |  |
|  |                                  |  |   |  | 84 City  |  | FL                                    |                                       | p Code                                   |
| Division - * *   | to the provisi                   | ons of Sections 607.0502   | and 607,1508, Florida St  | atutes the abo   | <del></del>  | ration submits this statement for the pu   |                                       | anging ite                            | radistared office                        |
| n mursuant t<br>Or register  | rod agont ar                     |  | do Duelo elemento como di   | atalos, tilo abc   | ove named corpo  | ration submits this statement for the pu   | ирозе ог спа                          | anging its.                           | iodistored Unic                          |
| familiär wit<br>- GNATURE  | ith, and accep                   | ot the obligations of, Sect  | ion 607.0505, Florida Stat  | norized by the cutes.  | ove-named corpo<br>corporation's boa   | ration submits this statement for the pi<br>ard of directors. I hereby accept the app                          | pose of cha                           | registered                            | d agent. I am                            |
| familiar wit   | ith, and accep                   | of the obligations of, Sect<br>or printed name of registered agent                                       | ion 607.0505, Florida Stat<br>and little if applicable.               | (NOTE Registered   | Ove-named corpo<br>corporation's boa<br>Agent signature require  | ard of directors, inhereby accept the application of whenevestatings   | Dointment as                          | registered                            | d agent. I am                            |
| familiär wit   | ith, and accep                   | ot the obligations of, Sect  | ion 607.0505, Florida Stat<br>and litte if applicable.<br>D DIRECTORS | (NOTE Rogistered   | Agent signature require  | are of directors. Thereby accept the app   | DOINTMENT AS                          | registered                            | DRS IN 12                                |
| familiär wit<br>GNATURE _<br>2.  | Signature typed                  | of the obligations of, Sect<br>or printed name of registered agent                                       | ion 607.0505, Florida Stat<br>and little if applicable.               | (NOTE Registered   | Agent signature require  | ard of directors, inhereby accept the application of whenevestatings   | DOINTMENT AS                          | registered                            | d agent. I am                            |
| familiar wit<br>GNATURE _<br>L<br>LE<br>ME   | Signature typed of COTTO 860 Bit | of the obligations of, Sect or printed name of registered agent OFFICERS AN ON, DOYLE W JR. OWLINE DRIVE | ion 607.0505, Florida Stat<br>and litte if applicable.<br>D DIRECTORS | NOTE Registered 13.  | Agent signature require  | ard of directors, inhereby accept the application of whenevestatings   | DOINTMENT AS                          | registered                            | DRS IN 12                                |
| familiar wit<br>GNATURE _<br>LE<br>LE<br>ME<br>KEET ADDRESS<br>Y-ST ZIP  | Signature typed of COTTO 860 Bit | of the obligations of, Sect or printed name of registered agent OFFICERS AN  ON, DOYLE W JR.             | ion 607.0505, Florida Stat<br>and litte if applicable.<br>D DIRECTORS | (NOTE Registered 13. 117 1.2 No. 1.3 S   | I Agent signature require  | ard of directors, inhereby accept the application of whenevestatings   | DOINTMENT AS                          | registered                            | DRS IN 12                                |
| familiar wit<br>GNATURE _<br>L.<br>LE<br>ME<br>HEEL ADDRESS<br>Y-S1 ZIP  | Signature typed of COTTO 860 Bit | of the obligations of, Sect or printed name of registered agent OFFICERS AN ON, DOYLE W JR. OWLINE DRIVE | ion 607.0505, Florida Stat<br>and litte if applicable.<br>D DIRECTORS | (NOTE Registered 13. 117 1.2 No. 1.3 S   | I Agent signature require  ITLE  AME  IREET ADDRESS  ITY - ST- ZIP   | ard of directors, inhereby accept the application of whenevestatings   | UATE<br>FICERS AND                    | registered                            | DRS IN 12                                |
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| FAMILIAN WITE  SNATURE  E  A  E  A  E  E  E  A  E  E  E  A  E  E   | Signature typed of COTT(         | of the obligations of, Sect or printed name of registered agent OFFICERS AN ON, DOYLE W JR. OWLINE DRIVE | and title if applicable.  D DIRECTORS  DELETE  DELETE                 | (NOTE Registered 13. 11. 12. No. 13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14  | I Agent signature require  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  ITLE  AME  IREET ADDRESS  ITY-ST-ZIP  ITLE  ITTLE  I | ard of directors, inhereby accept the applications and wheneverstatings  | DATE FICERS AND                       | DIRECTO Change Change Change Change   | DRS IN 12  Addition  Addition            |
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ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

407-231-4648