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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L54467

(0)

THE 2426 CORPORATION, INC.

FILED
Jan 29 1997 8:00am
Secretary of State



Principal Pla	ce of Business	Mailing Address				T TABLISAN BAN ARINI BIBLI BIBNI BININ BENIN NABY BURKI BIBNI BIBNI BIRKI BIRKI BIRKI 1881			
% KEVIN L. N 2426 GULF TO CLEARWATER			% KEVIN L. MARSH 2426 GULF TO BAY BLVD. CLEARWATER FL 34625-4309						
						3. Date Incorporated or Qualified 03/01/1990 3a. Date of Last R 05/01/1996			
2. Principal	Place of Business	2a. Mailing Address				4, FEI Number			Applied For
21		26	· · · · · · · · · · · · · · · · · · ·			59-3004779	Not Applicable		
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
22 City & Sta	ato	City & State				8 Stanton Commiss Financias			O May Be
23	ALV	28				Election Campaign Financing Trust Fund Contribution			U May be d to Fees
Zip	Country	Zip	Cou	ıntry	,	8. This corporation has liability for	intangible t		
24	25	29	30			Florida Statutes	Yes [] No	
	Name and Address of Cur	rent Registered Agent			T . :	10. Name and Address of New Re	gistered A	gent	
	rsh, kevin l			81	Name				
2426 GULF TO BAY BLVD. CLEARWATER FL 34616					Street Add	ress (P.O. Box Number is Not Acceptable)			
	LAMIAINI L STOIV			83					
				84	City			85 Zi	p Code
					, Sily		FL		p 0000
SIGNATURE	Signature, typed or printed name of registered		<u> </u>	d Age	ent signature requ	uired when re-instating)	DATE		
12.	PD	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	☐ Change	
TITLE	MARSH, KEVIN L	☐ DELETE	1					T Cusufi	Z LJ AUDINON
NAME	ALON OLD FITO BAY BLUE		1.2 N		1000000				
STREET ADORESS	CLEARWATER FL 34625-43	na	1		ADDRESS				
CITY-ST-ZIP TITLE	OLDS III II I	DELETE			ST - ZIP			Change	e
NAME			2.2 N			·		•	_
STREET ADDRESS	S				T ADORESS				
CITY-ST-ZIP			2.41	CITY-:	ST-ZIP				
THLE		DELETE	3.11	ITLE				Change	e Addition
NAME			3.2 N	IAME					
STREET ADDRESS	s)		3.3 9	TAEET	FADDRESS				
CITY - ST - ZIP		T AF. PTE			ST-ZIP			T 65	A data*
TITLE		☐ DELETE						L Change	e
NAME	. \			VAME	ļ				
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP TITLE		DELETE			ST- ZIP			Change	e
NAME				IAME	I				
STREET ADDRESS	s)		1		ADDRESS				
CITY-ST-ZIP					SY-ZIP				
TITLE		☐ DELETE			-			Change	e Addition
NAME			6.2 N	IAME					
STREET ADDRESS	s		6.3 5	TREET	T ADDRESS				
CITY-ST-ZIP			6.4 (HTY - S	ST-ZIP				
						ed in Section 119 07(3)(i) Florida Statute			· · · · · · · · · · · · · · · · · · ·

1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliental 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 feet even of the same legal effect as if made under oath; that appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSH

47 813-796-068