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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996			F CORPORATIONS		
1. Corporation		889	(0)			
SRC (	& COMPANY INC.					
Principal Plac∈	of Business	Ma	ling Address		I NADINDIN DID FORDI NUDIN NOIDI NOI	10 1017 61014 61011 61011 81017 61014 61011 1084
5200 MALIB Edina Min Us		5200 MALIBU DR OLYMPIC PLACE STE EDINA MN 55436 US		E. #500	Date Incorporated or Qualified	3a. Date of Last Report
		'	υδ		08/08/1990	02/21/1995
2. Principal Pt	ace of Business	2a. 26	Mailing Address 5200	HALIBU DR	4. FEI Number 58-1909098	Applied For Not Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	· · · · · · · · · · · · · · · · · · ·	27	City & State			Fee Hequired
23		28	EDINA	MN.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ == 1	Country	_	71p	Country	8. This corporation has liability for	intangible tax under s 199.032,
24	9. Name and Address of Cu	29 rrent Registe	55436 ared Agent	30 USA	Florida Statutes Yes  10. Name and Address of New R	⊠No
				81 Name	TO: TILLIO BITO ALGODO OF 140H FI	egistered Agent
	L CONNECTION INC			82 Street Ad	ddress (P.O. Box Number is Not Acceptab	ole)
417 E VIRGINIA ST SUITE 1 TALLAHASSEE FL 32301				83		
IALLAF	1435EE FL 32301			[63]		
				<b>84</b> City		FI 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607	1508, Florida Statu	tes, the above named con	poration submits this statement for the pur oard of directors. I hereby accept the appo	
famil ar wit	tri, and accept the obligations of, S	Section 607.0	505, Florida Statute	s.	oard of directors. I hereby accept the appo	ontment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered a	 ioms acc the fan	oleanie (N	OTE: Registered Agent signature req	Jest Whon rainglation	DATE
12.		AND DIRECT		13.	ADDITIONS/CHANGES TO OFFI	
THLE	P PUBLISHED LIP		□ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME.	BUSH, WALTER L JR 5200 MALIBU DR			1.2 NAME		
STREET ADDRESS CITY - ST- ZIT	EDINA MN 5543	<i>L</i> .		1.3 STREET ADDRESS		
T TLF		<u> </u>	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAM:				22 NAME		C) Overlige C Manifold
STREET ADDRESS				23 STREET ADDRESS		
CHY-S1-ZW	···			2 4 CITY - ST - ZIP		
TIFLE			DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME Could approve				3 2 NAME		
STREET ADDRESS  OPY+ST-ZIP				3.3 STREET ADDRESS		
10th	· · · · · · · · · · · · · · · · ·		DELETE	3.4 C(TY - ST - Z(P) 4. 1 T(TLE		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
C-1Y - S1 - Z:P				4.4 CITY - ST - ZIP		
TITLE			☐ DEFEIE	5 1 TITLE		Change Addition
NAM: STREET ADDRESS				5.2 NAME		
CITY-ST-ZIF				5 3 STREET ADDRESS		
Mit.			DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition
MAME				6.2 NAME		
STREET ACORESS				6 3 STREET ADDRESS		
CITY-\$1-7P				6 4 CITY - ST - ZIP		
<ol><li>14. Ldo hereby</li></ol>	cert fy that the information supplie	nd with this fil	no is voluntarily fur-	siched and door not qualify	y for the exemption stated in Pagina 110 (	07(0)(1) [1] (1) (0)

I do hereby cert fy 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, of an an attachment with an address.

SIGNATURE: /

WALTER L. BUSH, JR. 1-20.96

(6/2)4011-4900 Daytine Phone 1