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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	RPORATION IUAL REPORT 1996 Secretary of Division of Core		ary of State	_	
DOCUN 1. Corporation B & L &	MENT # M669 Engravers, Inc.	952 (6)		F TO ENERGY IN THE CHING THAN THE CHING	HIBI BIBIN BABU BAHN BIBIN BIBIN BIBIN BEBI
Principal Place of 14605 49TH S #15 CLEARWATER US	STREET N	Mailing Address 14605 49TH STREET I #15 CLEARWATER FL 3462 US		Date Incorporated or Qualified 01/29/1988	3a. Date of Last Report 01/23/1995
2. Principal Pia		2a. Mailing Address	^ M #	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #	SAME , etc.	Suite Apt #, etc	AME	Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Z _I p	Country	[28] Ζφ	Country	Trust Fund Contribution This corporation has liability for Florida Statutes Yes	Added to Lees
:4	9. Name and Address of Cur	rent Registered Agent	30	10. Name and Address of New F	
familiar wit	o the provisions of Sections 607.0 ed agent, or both in the State of F th, and accept the obligations of, S	502 and 607 1508, Florida Statu Isrida Such change was authori. Section 607 0505, Florida Statute	tes, the above named corporation's boa	eminale reation submits this statement for the pu and of directors. Thereby accept the app	FL 85 Zip Code 34642 pose of changing its registered office outment as registered agent. Lam
	Signature, typed or printed name of registered.		Hi. Registered Agent signature rouse	ADDITIONS/CHANGES TO OFF	19811
12.	OFFICERS	AND DIRECTORS DELETE	13.	ADDITIONS/OFFMARES TO OFF	Change Addition
NAME STREET AUDRESS	COOK, KEVIN 11623 67TH AVE N SEMINOLE FL		1.2 NAME 1.3 STREET ADDRESS 1.4 City St-7tP		
CITY - ST - ZIF TITLE NAME STREET ADDRESS	SEMINOLE 12	☐ DELF1E	2 1 TITLE 22 NAME 23 STHEET ADDRESS	•	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		DELETE	24 CITY - ST ZIP 3 1 TITLE		Change Addition
			3.2 NAME 3.3 STREET ADDRESS		
CITY+S1-7/P TITLE NAME STREET ADDRESS		DELETE			☐ Change ☐ Addition
TITLE		☐ DELETE	3.3 STREFT ADDRESS 3.4 City - ST - ZIP 4.1 TILLE 4.2 NAME		Change Addition

64CITY-ST ZIP

14. I do hereby certify that the information supplied wite 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.

6.2 NAME

63 STACET ADDRESS.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 5317462