COL	PROFIT RPORATION UAL REPORT 1996		Sand Secr	PARTMENT OF STATE ra B Mortham etary of State OF CORPORATIONS		
DOCU 1. Corporatio	MENT # M'	166	95			
8327	ITY INDUSTRIAL STARR DRIVE NDO, FLORIDA	, SALES 32818	, INC.		2000018	40252
	Principal Place of Business Mailing Address					1022009
8327 ORLA	STARR DRIVE	32818 32818	AME		***200.00	
					3. Date Incorporated or Qualifie	3a. Date of Last Report
	lace of Business	2a.	Mailing Address		7/1/88 4. FEI Number	Applied For
21 8327 Suite, Apt.	Starr_Drive	26	Colo And II at	V7/	59-2396728	Not Applicable
22	, 0 00.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		par	Crty & State	····	6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip Zip	ndo, F1 Country	28	Zip	Country	Trust Fund Contribution	Added to Fees
24 3281	8 - 25 TISA	29		Country 30		or intangible tax under s 199.032, es □ No
	9. Name and Address of C	urrent Regist	ered Agent		10. Name and Address of New	
F. C	arroll Johnson			81 Name	Reulah M. Hatchott	
	Starr Drive	_		82 Street	Beulah M. Hatchett Address (P.O. Box Number is Not Accept	able)
Orla	ndo, F1. 3281	8		83	8327 Starr Drive	
				84 City		Tat I 7'- O. I
11 Pursuant t	to the provisions of Sections 607	0500 and 007	1500 51 1 0	1 1 1 1 1 1	Orlando,	FL 85 Zip Code 32818
or register familiar wit	red agent, or both, in the State of the and accept the obligations of	Horida, Such	. 1508, Florida Statu change was authori. 506, Florida Statut.	tes, the above-named co zed by the corporation's	propertion submits this statement for the proporation submits this statement for the proporation of directors. Thereby accept the appropriate the properties of the properties	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE	Deulah M) Lat		s gulah M. Ha		
12.	Signify at typed or printed name of register by		plicable (N	O1£: Rogistoreo Agent signature n	equired when reinstating)	4/29/96
TITLE	President	S AND DIRECT	TX DELETE	13. 1. 1 TIFLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
NAME	F. Carroll J	ohnson		1.2 NAME	Beulah M. Hatchet	☐ Change 😿 Addition
STREET ADDRESS	8327 Starr D	rive		1.3 STREET ADDRESS	8327 Starr Drive	
CITY-ST-ZIP TITLE	Orlando, Fl.	32818	3	1.4 CiTY - ST - ZiP	Orlando, Fl. 328	
NAME				2 1 TITLE 2 2 NAME		☐ Change ☐ Addition
STREET ADDRESS				23 STREET ADDRESS		
CiTY-ST-ZIP				24 CHTY - ST - ZIP		
TITLE NAME			[]] DELETE	3 1 TITLE		Change Addition
STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP				3 4 City-ST-ZIP		
TITLE	·		DELETE	4. 1 TITLE		Change Addition
NAME STREET ADDRESS				4.2 NAME		
CITY-ST-ZIP				4.3 STREET ADDRESS		
TITLE			[] DELETE	4.4 C TY-ST-Z/P 5. 1 TITLE		Change Addition
NAME				5.2 NAME		C awarda C voquinii
DEDECE LABOREDO				5 3 STREET ADDRESS		
STREET ADDRESS			DELETE	5.4 CHY-ST-ZIP 6.1 THILE		
CITY-ST-ZIP TITLE			E.J OLICET	6.2 NAME		Change Addition
CITY-ST-ZIP						
CITY-ST-ZIP TITLE				6 3 STREET ADDRESS	_	1000
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	6.4 C(1) y - \$1. 7(P		·25-96 or
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that	cerlify that the information suppl the information indicated on this a	lied with this file annual report o	ng is voluntarily furn or supplemental anni	640/11Y-ST-ZIP ished and does not quali	fy for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. To ther
CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that oath, that I	r certify that the information suppl the information indicated on this a am an officer or director of the o Block 12 or Block 13 if changed,	orporation or th	ne receiver or trusto	64 CITY-ST-ZIP ished and does not quali- ual report is true and acc	fy for the exemption stated in Section 115 curate and that my signature shall have the this report as required by Chapter 607, F	0.07(3)(k), Florida Statutes. To ther
CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that oath, that I	am an officer or director of the or Block 12 or Block 13 if changed,	orporation or th	ne receiver or trusto	64 CITY-ST-ZIP lished and does not qualities true and according to execute ess.	fy for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. To the same legal effect as if made under lorida Statutes; and that my name