SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

M79674

(1)

T.H. BIONDI, INC.

Principal Place of Business Mailing Address 334 RUNAWAY CIRCLE PONTE VERDA FL 32082 PONTE VERDA FL 32082						
					3. Date Incorporated or Qual frec 05/02/1988	3a. Date of Last Report 08/07/1995
2. Principa! P	lace of Business	2a. Mailing Address 26			4. FEF Number 59-2960966	Applied For Not Applicable
Suite, Apt	****	Suite Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	p		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ(p)	Country 30		8. This corporation has liability to Florida Statutes	r intangible tax under s. 199 032, Yes No
	9. Name and Address of Cu	rrent Registered Agent		,	10. Name and Address of New F	Registered Agent
BIC	ONDI, DORIS E.		81	Name		
	B RUNAWAY CIR INTE VEDRA FL 32082		82		ress (P.O. Box Number is Not Accepta	able)
			83	Ì		
			84	City		FL 85 Zip Code
Office of R	to the provisions of Sections 607, registered agent or both, in the S im familiar with, and accept the o	tate et Fiorida. Such channe war	s authorized by	the corporati	oration submits this statement for the join's board of directors. I hereby acception	
SIGNATURE	en rammar with, and accept the o	origations or, section 607,000s,	rionda Statutes			
	Signature Typed or printed has a of registeric		JOHN Responsed Arge	a Esquature requ	red when rejustating:	(M ¹ 2
12.	OFFICERS D	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE NAME	BIONDI, DORIS E.	DELETE	1 1 11/16			Change Addition
STREET ADDRESS	334 RUNAWAY CIRCLE		1.2 NAME			
CITY-ST-ZIP	PONTE VEDRA FL		1.3 STPEE1			
TITLE	TOTAL TEDIVITE	DELETE	1.4 CITY - 5 2.1 TITLE	51 · 21r		Change Addition
NAME		L	2.2 NAME			Shangi Addition
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2 4 Cily -			
TITLE		DELFTE	3 1 T-TLE	-		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADORESS		
CITY-ST-ZIP			3.4 Cify -	ST ZIP		
TITLE NAME	DELETE		4.1 TiffE8			Change Addition
STREET ADDRESS			4 2 NAME	1000000		
CITY-ST-ZIP			43 STREET			
TITLE		DELETE	4.4 City - 5 5.1 Title	H AF		Change Addition
NAME			5.2 NAME			La counge L notat (iii
STREET ADORESS			5.3 \$1PEF1	ADDRESS		
CHTY - ST - ZIP			5.4 CHTY - S	i1-2iP		
TITLE		DELETE	6 1 THTLE			Change Addition
NAME			6 2 NAME	1		
STREET ADDRESS			& 3 STREET	AODRESS		
CITY-ST-ZIP	ov cartify that the information or	ol act with this these was been d	64 CITY - S	1-2IP		
made und	raiy macine information indicated	i on this annual report or supplei rector of the corporation or the re	mental annual r eceiver or truste	eport is true a le empowered	lify for the exemption stated in Section and accurate and that my signature shi d to execute this report as required by	of bound the common torust affect as if
SIGNAT	URE: Dotte !	E BUYSULE ED OA PRINTED NAME OF SIGNING OFFIC	ER OR DIRECTOR		6-8-96	904 285-8600