FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # M80724

ETC BINDREY SYSTEMS, INC.

(1)

FILED Apr 14 1997 8:00am Secretary of State



Principal Place C/O CAROLE 5555 65TH WA ST. PETERSBU	Y NORTH	5555 65TH	ddress Le J. Drake Way North Sburg Fl 33709	9-1627			-[116668811011011111111111111111111111111			
					3. Date Incorporated or Qualifie 05/12/1988		Date of Last P /01/1996	Report		
	Place of Business	2a. Mailing	g Address				4. FEI Number			pplied For
21		26					59-2913259			ot Applicable
Sulte, Apt		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta	te	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip		Count	iry	,	8. This corporation has liability for			. 199.032,
24	25 29 29 8. Name and Address of Current Registered A		30]				Florida Statutes Yes No			
		ent Registered A	gent				10. Name and Address of New	Registered	Agent	
	KE, CAROLE J.			· °	11	Name				
	5 65TH WAY NORTH PETERSBURG FL 33709				2	Street Addre	rect Address (P.O. Box Number is Not Acceptable)			
				8	3					
•				6	4	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicab		Registered A			oration submits this statement for the on's board of directors. I hereby acc of when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·
12.		ND DIRECTORS		13.	~ .	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	CVS DRAKE, CAROLE J		DELETE	1.1 TITLE					L Change	L Addilion
NAME STOCKT ADDRESS	5694 63RD LANE N.			1,2 NAM						
STREET ADDRESS	ST. PETERSBURG FL 33704					ADDRESS				
CITY-ST-ZIP TITLE	PT		DELETE	1.4 CITY 2.1 TITLE	-	1 - Z)b,		 	Change	Addition
NAME	DRAKE, GERALD A			2.2 NAM					change	/idoition
STREET ADDRESS	5694-63RD LANE N.					ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33709			2 4 CITY		l				
TITLE			DELETE	31 TITLE					Change	Addition
NAME				3.2 NAME	Ε					
STREET ADDRESS				3.3 STRE	E] /	ADDRESS				
CITY-ST-ZIP				3.4. CITY		1-7IP	AMORPO SING COLOR OF A PERSONNEL AND RESERVANCE AND			
TITLE			☐ DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAM	IE.					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CITY		-7 P			F16	
TITLE			[_] DELETE	5.1 TITLE					Change	Addition
NAME CTREET ADDRESS				5.2 NAME		LDB0500				
STREET ADDRESS				4		ADDRESS				
CITY-ST-ZIP TITLE			DELFTE.	54 CITY- 61 TITLE		-7P			Change	Addition
NAME			end positifi	1					☐ cuanôs	FTT VORIDOU
STREET ADDRESS				6.2 NAME		ADDRESS				
CITY-ST-ZIP				6.4 Cily-						

ST-ZIP

| G4 City-S1-ZIP |
| G4 City-S1-ZIP |
| G5 bereby 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 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, or on an attachment with an address.