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FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006121 (5)

1. Corporation Name

LIMITED X, INC.



Principal Place of Business

Mailing Address

P.O. BOX 3556
SEMINOLE FL 34645P.O. BOX 3556
SEMINOLE FL 33775-35563. Date Incorporated or Qualified
11/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number

59 342 0111

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, DEBORAH S
8837 TAMI ST.
SEMINOLE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/11/97

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE D
NAME EVANS, RONALD
STREET ADDRESS 8837 TAMI ST.
CITY-ST-ZIP SEMINOLE FL 33772TITLE D
NAME ANDERSON, SPENCER
STREET ADDRESS 381 SIMS LANE
CITY-ST-ZIP FRANKLIN TN 37064TITLE D
NAME ANDERSON, PHILLIP
STREET ADDRESS 16429 SUPERIOR ST.
CITY-ST-ZIP NORTH HILLS CA 91343TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP13. 1.1 TITLE President P
1.2 NAME Dennis Sempebwa
1.3 STREET ADDRESS P.O. Box 3556
1.4 CITY-ST-ZIP Seminole FL 33775 N/A2.1 TITLE Vice President VP
2.2 NAME Isaac Rucibigango
2.3 STREET ADDRESS P.O. Box 3556
2.4 CITY-ST-ZIP Seminole FL 33775 N/A3.1 TITLE Secretary/Vice President S
3.2 NAME Paul Mudebi
3.3 STREET ADDRESS P.O. Box 3556
3.4 CITY-ST-ZIP Seminole FL 33775 N/A4.1 TITLE T
4.2 NAME Deborah S. Evans
4.3 STREET ADDRESS 8837 Tami St.
4.4 CITY-ST-ZIP Seminole FL 337725.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)