FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P31580 (4)

1. Corporation Name
ELDON GROUP, INC.

Principal Place of Business	Mailing Address
~~8429 WHITE OAK AVE STE 105 RANCO CUCAMONGA CA 91730-3871 US~~	~~8429 WHITE OAK AVE STE 105 RANCHO CUCAMONGA CA 91730-3871 US~~
2. Principal Place of Business 21 14265 CAROL ST.	2a. Mailing Address 26 14265 CAROL ST.
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 HOLLAND, MI	City & State 28 HOLLAND, MI
Zip 24 49424-1647 Country 25 US	Zip 29 49424-1647 Country 30 US

3. Date Incorporated or Qualified: 10/17/1990
3a. Date of Last Report: 03/29/1994
4. FEI Number: 71-0676782 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable ______ (NOTE: Registered Agent signature required when reinstating) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CULVER, DAVID	1.2 NAME	
STREET ADDRESS	961 MICHIGAN AVE	1.3 STREET ADDRESS	
CITY ST ZIP	HOLLAND MI	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, VERNON	2.2 NAME	
STREET ADDRESS	1406 N FIRST AVE	2.3 STREET ADDRESS	
CITY ST ZIP	TUCSON AZ	2.4 CITY ST ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	BANKS, BROOKSHER L.	3.2 NAME	
STREET ADDRESS	3723 JOHN F. KENNEDY BLV	3.3 STREET ADDRESS	
CITY ST ZIP	NORTH LITTLE ROCK AR	3.4 CITY ST ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	THRUSTON, RICHARD	4.2 NAME	
STREET ADDRESS	486 RALEIGH	4.3 STREET ADDRESS	
CITY ST ZIP	EL CAJON CA	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LANDON, DAN	5.2 NAME	
STREET ADDRESS	2025 ALTA VISTA AVENUE	5.3 STREET ADDRESS	
CITY ST ZIP	BAKERSFIELD CA	5.4 CITY ST ZIP	
TITLE	MD	6.1 TITLE	D ☒ Change ☐ Addition
NAME	ZACHARIAS, FRANK	6.2 NAME	ZACHARIAS FRANK
STREET ADDRESS	8429 WHITE OAK AVE #105	6.3 STREET ADDRESS	6641 KERN PLACE
CITY ST ZIP	RANCHO CUCAMONGA CA	6.4 CITY ST ZIP	ALTA LOMA, CA 91701

14. I do hereby certify that the information supplied with 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 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.

SIGNATURE: David L. Culver DAVID L. CULVER 4/10/95 (616) 396-6186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481041 FP