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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000008574 (4) BIRD CITY USA, INC.

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	
) (malph) (may at anomala manual manu	1 8151 1861
14715 LIVE OAK RD 14715 LIVE OAK RD	
NAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413	
US US 3. Date Incorporated or Qualified	
01/28/1993	
	plied For
OF COATOUR	t Applicable
Suite Art # etc	
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Re	
City & State City & State 6. Election Campaign Financing \$5.00	May Bo
23 Trust Fund Contribution Added	
Zip Country Zip Country 8. This corporation owes or has paid the current year Int	angible
	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
HILL, JAYMEE 81 Name	
	
PANAMA CITY BEACH FL 32413	
83	
84 City 85 Zip (
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing it	s registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	registerea
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) OATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE PD DELETE 1.3 TITLE Change	Addition
NAME HILL, JAYMEE 1.2 NAME	
STREET ADDRESS 14715 LIVE OAK ROAD 1.3 STREET ADDRESS	
DATES A OFFICE	ł
CITY-ST-ZIP	Addition
NAME 2.2 NAME	
Note:	
CMY-ST-ZIP	☐ Addition
	_
VIIIL ISONES	
CITY-ST-ZIP 3.4, CITY-ST-ZIP	Addition
NAME 4.2 NAME	_
173712	
STILLY NOTICES	
Change	Addition
I SHIPLE	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
Change	I I Addition I
TITLE DELETE 6.1 TITLE Change	Addition Addition
TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME	☐ Addition
TITLE DELETE 6.1 TITLE Change	∐ Addition

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(5)(), Horiza Statutes. Huttlet 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.