PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000027138 (5)

NUMBERS, INC.

FILED May 07 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						CANADISES IN MINE INSTRUMENTAL MANAGEMENT	tit filmilitätin tanki tiank	teliki ikil thai
888 SOUTH PA BRANDON FL	22	888 SOUTH P BRANDON FL	ARSONS AVE. 33511-8007					
						 Date Incorporated or Qualified 04/13/1993 	3a. Date of Las 04/30/199	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21 26						59-3187804	Not Applicable	
Suite, Apt	#, etc.	27				Certificate of Status Desired Sa.75 Additional Fee Required		
City & Stat	, 27 1 24 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	City & Sta	ite			Election Campaign Financing Trust Fund Contribution		DO May Be ed to Fees
Zip	Country	Zip	ļ	Country	<i>!</i>	8. This corporation has liability for		ars. 199.032,
24	25	[29]	3(0			Yes No	····
ļ	9. Name and Address of Curre	ent Registered Ager	nt		r 31	10. Name and Address of New R	egistered Agent	
	MNE, SUSAN W			81	Name			
888 SOUTH PARSONS AVE. BRANDON FL 33511				82	Street A	idress (P.O. Box Number is Not Acceptable)		
				83				
				84	City		FLI	Zip Code
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stal	02 and 607.1508, Fi te of Florida. Such ch	orida Statutes nange was aut	, the above thorized by	e-named o	corporation submits this statement for the oration's board of directors. I hereby accor-	purpose of changing the appointment	g its registered as registered
ageni. Fa SIGNATURE								
10	Signature Typed or printed name of registered a	gent and title if applicable ND DIRECTORS	{NOTE: F		ent signature i	required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	ODE IN 12
12. Title	PS OFFICERS A		DELETE	13.			X K T OL	
	LEVINE, SUSAN	لسا	PELLIC		Ì	President/Secretary/D	irector	go Lad receitor
NAME	888 SOUTH PARSONS AVE.			1.2 NAME	4000000	•		
STREET ADDRESS	BRANDON FL 33511			1.3 STREET				
CHTY-ST-ZIP TITLE	BIOMBON IL 33311		DELETE	1.4 CITY - S 2.1 TITLE	51-217		Chan	pe Addition
NAME		1	Decere	2.2 NAME	ľ		, — — — —	ye Land Floorison
				2.3 STREET	2220004			
STREET ADDRESS								
CITY-ST-ZIP TITLE			DELETE	2. 4 CITY- 3.1 TITLE	51-211		Chan	ge Addition
NAME			,	3.2 NAME			C.J. Olicin	be pred treatment
STREET ADDRESS				3.3 STREET	r Andresee			
ļ				1				
CITY-ST-ZIP TITLE			DELETE	3.4. CITY- 4.1 TITLE	31-24		Chan	oe Addition
NAME		<u> </u>		4. 2 NAME			time within	
STREET ADDRESS				4.3 STREET				
				4.4 CITY-5				
TITLE			DELETE	5.1 TITLE	71 - 4.81		☐ Chan	ge Addition
NAME				5.2 NAME	Į		t	
				5.3 STREET	ADDRESS			
STREET ADDRESS								
CITY-S1-ZIP TITLE			DELETE	5.4 CITY-S 6.1 TITLE) 1 - ZIF		☐ Chan	ge Addition
•			,		1			go <u>La</u> nomina
NAME				6.2 NAME	4000555			
STREET AODRESS	1			6.3 STREET				
CITY-ST-ZIP				6.4 CITY - 5		atod in Section 119 07/2Vi) Florida Statut		

I do hereby certify that the information supplied with this filling 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.

SIGNATURE: