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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

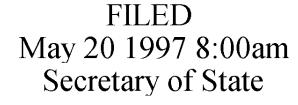
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000037886 (7)

THE EXPERIUS CORPORATION

Principal Place of Business	Mailing Address
810 S W 80TH STREET	810 SW 80TH STREET
OCALA FL 34474	OCALA FL 34476-4913
US	US





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Principal Place of Business Mailing Address				·						
810 S W BOTH STREET 810 SW BOTH			STREET							
OCALA FL 344	74	OCALA FL 344	76-4913							
US		US				3. Date Incorporated or Qualified	3a, Date			-
						05/26/1993	05/01	/1996		
2. Principal Pi	lace of Business	2a. Mailing Ad	dress	,		4. FEI Number		^	\pplied For	
21		26				65-0414528			Not Applicable	2
Sulte, Apt.		Suite, Apt.	#, otc.			5. Certificate of Status Desired			Additional Required	
City & State	y & State City & State							May Be I to Fees		
Z(p	Country	Zip	Oour		/	8. This corporation has liability for it	ntangible ta	x under	under s. 199.032,	
24	25	29	30				Yos 🔲			
	9. Name and Address of Curre	ent Registered Agen	t		r ·	10. Name and Address of New Re	gistered Ag	ent		
	RIN, MICHAEL A			81	Name					
	8 DIXIE HWY			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			1
	TE #4B					and the contract of the state of				_
COF	VAL GABLES FL 33146			83						
				84	City			85 Zip	Code	-
					1		FL!			
11. Pursuant to office or reagent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	002 and 607.1508, Flo le of Florida. Such ch gations of, Section 60	orida Statutes, the ange was authori 07.0505, Florida S	d abov ized by Statute	e-riamed corp y the corporal s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of c t the appoi	ranging itment a	its registered is registered	
SIGNATURE										
	Signature, typed or practed name of registered as	CHARLES AND ADMINISTRATION OF THE ABOVE AND ADMINISTRATION OF THE PARTY OF THE PART	(NOTE Rugis	lined Ag	ent signature requ	red when reinstaling)	DATE			
12.	PDC OFFICERS AF	ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC				_ 8
TITLE	SCHMIDT, J.M.	لـــا	1) THLE			L.] Change	Addition	ˈ Q
NAME	810 SW 80TH ST		1	.≱ NAME						2
STREET ADDRESS	OCALA FL		1	1	ADDRESS					ļŭ
CITY-ST-ZIP	VPSD	· 		4 CITY-S	S1 - 7IP			7 Channa	Addition	_ è
TATLE	SCKMIDT, SL	Ll) THEE			L.	_l Change	Addition	۱ ۲
NAME	810 SW 80TH ST			2 NAME						
STREET ADDRESS	OCALA FL			1	AODRESS					
CHTY-ST-ZIP	D	-		4 CITY-	\$1 - 711'			Change	Addition	
TITLE	RUBIN, MICHAEL	LJ		A DALE			L.	п спапре	LT ADDITION	'
NAME OTOSST ADDDESOS	420 S DIXIE HWY / STE - 4B			.P NAME	ADODERO					
STREET ADDRESS	CORAL GABES FL				ADDRESS					
CITY-ST-ZIP TITLE	TOTAL MINES IL			A. CITY- I TITLE	81-711			Change	Addition	,-
NAME		LJ		2 NAME				_ onunge	/ Modifior	
				į	Abbbeec					
STREET ADDRESS				.# STREE: .# CITY-S	ADDRESS					
CITY-ST-ZIP TITLE				A CHY-S	51-711			Change	Addition	-{
NAME				.P NAME			Į	⊒ Auguitic	C MONITOR	1
STREET ADDRESS					ADDRESS					
				1	ADDRESS					
CITY-ST-ZIP				.4 CITY - S Ju Table	51-714			Change	Addition	\dashv
TITLE		L					L.	_ onenge	E_ nooliog	
NAME ATREET APPROAGE				P NAME	4000000					
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP				A CITY -!	51 - ZIP	7 P. C.				_

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or an attachment with an address.