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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000050190 (6)

BIRDMAN, INC.

FILED May 02 1997 8:00am Secretary of State



Principal Place of Business		Mailing Ad	Mailing Address				4 LODINOO KIA NATOO AHII ADKII ORIII ABAH ADAA ORIAI ORIAI AAAA IDIII AAA IBAA			
2050 HWY 92 W. Auburndale Fl 33823			P.O. BOX 1807 AUBURNDALE FL 33823-1807							
							3. Date Incorporated or Qualified 07/16/1993		ate of Last 23/1996	Report
2. Principal Place of Bus	iness	2a. Mailing	Address				4. FEI Number			Applied For
21	26					59-3194607 Not Applicable				
Sulte, Apt. #, etc.		}	vpt. #, etc.				5. Certificate of Status Desired			Additional Required
22 City & State		27 City & S	Stato							
23		28	Siaic				Election Campaign Financing Trust Fund Contribution			O May Be
Zip	Country	7 ₍₀₎	· · · · · · · · · · · · · · · · · · ·	Cou	untry	,	8. This corporation has liability for i			
24	25	29		30	ĺ		Florida Statutes	Yes	□ No	0. 100.002,
g, Nam	e and Address of Current		gent	11	1		10. Name and Address of New Re	gistered	Agent	
HAIGHT, JOYC	E	2 3/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			81	Name				
4 SUNSET CIR					82	Stroot Ado	dress (P.O. Box Number is Not Acceptab	(a)		
WINTER HAVE					Street Auc	335 (rC. Dox Number is Not Acceptable)				
					83					
					84	City			85 Zip	o Code
					07	City		FL	. 63 *.1	, Otac
office or registered a agent. I am familiar v SIGNATURE	gent, or both, in the State with, and accept the obligation of printed name of regions (ed age)	of Florida, Such tions of, Section	i change was n 607.0505, Fl	authorize Iorida Sta	id by tutes	y the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep ured when reastating)	DATE	oointment a	is registered
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
TITLE D			DELETE	1.1 T	HLE				☐ Change	Addition
NAME HAIGHT,	JOYCE			1,2 N	IAME					
	T CIRCLE			1,3 S	TRECT	ADDRESS				
	HAVEN FL 33880		T sector			51 - ZIP				
TITLE			DELETE	211					L Change	Addition
14 61 1146), MORAN			2.2 N						
STREET ADDRESS 4 SUNSE						ADDRESS				
	HAVEN FL 33880		T SELETE			\$1-7(P			Change	e Addition
TITLE	IOVOE		DELFTE	317					Change	, The Modellon
NAME HAIGHT,				321						
LAMATERA	it circle Haven fl					I ADDRESS				
CITY-ST-ZIP WINTER	HAVEN FL		DECETE	417		\$1 - ZIP			Change	e Addition
1 71), MORGAN		[] been		NAME					
	T CIRCLE					T ADDRESS				
	HAVEN FL					S1 - ZIP				
TITLE	4 77 74 75 7 7 1 75		DELETE	511		S. ED.			Change	e 🔲 Addition
NAME					IAME	1				÷
STREET ADORESS						T ADDRESS				
CITY-ST-ZIP						S1-ZIP				
TITLE			DELETE	611					Change	e Addition
NAME				621	NAME					
STREET ADDRESS						1 ADDRESS				
CITY-ST-ZIP						S1 - 7/P				
44 1 4 5 5 5 5 5 5 5 5 5	of the information or unlike	d	done not not	Life (fage blace			ad in Section 110 07/37(i) Florida Statute	c. I furthe	or cortify th	of the

innual 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 he corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 13 if changed, or on an attachment with an address. information indicated on this