FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996	DIVISION OF C	OHFORATI	ONS			
1. Corporation	Name	0057274 (1)					
AUIU	CARDS, INC.				I (3 DIEGO) NO 1010 & HÀN GORA PO	40 16) 40 00 1 0 000 1 00 00 1	edir addir diği edği
		.,					
Principal Place	of Business	Mailing Address			i iddilgdi siği ibilik ililik dâliti bilili		1911 IBB11 B1B1 (BB1
1219 DIXIE CUTOFF RD 1219 DIXIE CUTOFF RD STUART FL 34994 STUART FL 34994							
SIUNNI FL S	4334	STUART FE 34994					
					3. Date Incorporated or Qualified 08/16/1993	3a. Date of Last 04/25/1	
2. Principal Pla	ice of Business	2a. Maifing Address			4. FEI Number 65-0435846		Applied For
Suite, Apt. #	I, etc.	[26] Suite, Apt. #, etc.				\$8 ·	Not Applicable 75 Additional
22		27]			5. Certificate of Status Desired		e Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
23	Country	[28] Zip	Country		Trust Fund Contribution 8. This corporation has liability for i	A0	ded to Fees
24	25		30		Florida Statutes Yes	I ZÎNo	3 199.002.
	9. Name and Address of Currer	nt Registered Agent	81	Г.	10. Name and Address of New R	egistered Agent	
JONES	BONITA(BONNIE) L		L	Name			
1219 DIX		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
STUART	FL 34994		83		· · · · · · · · · · · · · · · · · · ·		
			84	City		85	Zip Code
11. Pursuant to	the provisions of Sections 607 0502	2 and 607 1508. Florida Stalutes	the above-	named corno	ration submits this statement for the pur	FL o	e registered office
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authorized lion 607.0505. Florida Statutes	by the corp	oration's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	pose of Cria igning to pintment as register	ed agent. I am
SIGNATURE							
12,	Signal ire, typed or printed name of registeren agent	Cand the mappingable (NOTE) DIRECTORS	Registered Ager	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	TODO IN 10
TITLE	D	DELETE	1 : TITLE		ADDITIONS/CHANGES TO OFFI	Chang	
NAME	JONES, BONITA(BONNIE) L		1.2 NAME				
STREET ADDRESS	1219 DIXIE CUTOFF RD		13 STREET	ADDRESS			
City-st-zip Title	STUART FL 34994			SF-ZIP	Maria	Change	a D Addition
NAME	IONEO HA M		2 1 TITLE 2 2 NAME			☐ Chang	ge 🔲 Addition
STREET AUDRESS	1219 DIXIE CUTOFF RD		2 3 S1REET	ADDRESS			
CITY-ST-ZIP	STUART FL 34994		24 CITY-S	S1 - Z-P			
TITLE		DELETE	3. 1 TIFLE	ļ		☐ Chang	ge 🔲 Addition
NAME PERCEL ADDRESS			3 2 NAME	T 1000000			
STREET ADDRESS CITY-ST-ZIP			3.3. STREET 3.4 C/TY - S	1			
TITLE	# - TM - LAM AT M - A to 1A A	DELETE	4. 1 T.TLE	>1 - 211		☐ Chang	ge Addition
NAME :			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP		DELETE	4.4 CHY-S	ST-ZIP		Chang	a FT Addition
TITLE NAME		L) better	5 1 T TLE 5.2 NAME				ge 🔲 Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CHY-S				
TITLE	The state of the s	DELETE	6. 1 TITLE			☐ Chang	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ŀ			
CITY . CT . 21D			CAPILV C	1 710			

CITY-ST-ZIP

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: _

Block 13 if changed, or on an attachment with an address.

DONITA (DONNILL)

SIGNATURE AND TYPED OR HEINTED NAME OF SIGNING OFFICER OF DIRECTOR

107-257-6970

CR2E034 (12/95)