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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P93000071480 (6)

### **BIDMAR CORPORATION**

Maiting Address

# FILED Jan 30 1997 8:00am Secretary of State



Principal Place	e of pusifiess	Man	Maining Address									
4236 LAS PALMAS WAY SARASOTA FL 34238			4236 LAS PALMAS WAY SARASOTA FL 34238-4534									
						3. Date Incorporated or Qualified 10/14/1993	fied 3a, Date of Last Report 01/24/1996					
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	I	Ap	plied For		
21		26					65-0444022			No	t Applicable	
Suite, Apt. :	#, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	3		City & State				8. Election Campaign Financing		\$5	.00	May Be	
23		28					Trust Fund Contribution				o Fees	
Zip	Country	Zip		Country			8. This corporation has liability for intangible tax under s. 199.032,				199.032,	
24	25	29		30				Yes				
	9. Name and Address of Curre	ent Registe	ered Agent		т		10. Name and Address of New Re-	gistered /	\gent			
	MAS, BIDE L			18	31	Name						
4236 LAS PALMAS WAY					12	Street Address (P.O. Box Number is Not Acceptable)						
SARA	ASOTA FL 34238											
				8	33							
				1	34	City			85	Zip (	Code	
I						,		FL				
office or re agent I as SiGNATURE	egistered agent, or both, in the Stal m familiar with, and accept the obli	te of Florida gations of,	a. Such change was Section 607.0505, F	authorized Iorida Statu	by tes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ot the app	ointme	nt as	registered	
	Signatine Typed to praifed harve of registered a	·	····		Agei	nt signature requi	red when reinstating)	DATE			<u> </u>	
12.	OFFICERS A	ND DIREC	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	EHS AND	DIREC		S IN 12 Addition	
TITLE	P		L.J DELETE	1.1 TITU		ļ			[] UII	ange	L) AUGIRON	
NAME	THOMAS, BIDE L 4236 LAS PALMAS WAY			1.2 NAM								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP	SARASOTA FL		DELETE	1.4 Cm	_	T-ZIP			☐ Ch	2000	Addition	
TITLE	D THOMAS MARY N		[] DETER	21 TITL					LLI Uff	ange	Addition	
NAME	THOMAS, MARY N 4236 LAS PALMAS WAY			2.2 NAN								
STREET ADDRESS						ADDRESS	4.	$T \in$				
CITY-ST-ZIP	SARASOTA FL		DELETE	2. 4 CfT	_	ST-ZIP			Ch	1040	Addition	
TITLE			D DECEME	3.1 TITL					L) UII	an Ac	First Modified	
NAME DESIGNATION OF THE PROPERTY OF THE PROPER				3.2 NAN								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP TITLE			DELETE	3.4. CIT 4.1 TITL		SI-ZIP			Ch	anne	Addition	
NAME			LJ OCCUP	4. 2 NA						a. igr	tural(IQII)	
						ADDRESS						
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP TITLE			DELETE	4.4 CITY 5.1 TITL	_	1+2IF			Ch	anne	Addition	
NAME			- Section	5.2 NAM					VII	-··y·	- 1000000	
STREET ADDRESS				4		ADDRESS						
				. I								
CITY - ST - ZIP TITLE			DELETE	5 4 CITY 6 1 TITL	_	1-211			Ch	ลกกค	Addition	
			- Direct							arige		
NAME OVERT ADDRESS				62 NAA		ADDOCCO						
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				6.4 CITY	<u>(-5</u>	I - ZiP						

14. 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 frustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 18, 1997 (941) 922~