SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000073092 (7)

ESTES CORPORATION

1966 S. HUSSOROUGH ARCADA FL. 38821 1968 S. HUSSOROUGH ARCADA FL.	20120						
ARCADA FL 39821 US 3, Date Incorporated or Qualified 39, A FEI Instruct 48, FEI Ins	Principal Place	of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·	I IORNIONA ING IONO PANA ORANA ORANA ORANA	1816 (1914 1914 1914 1914 1914 1914 1914 191
2. Principal Piaco of Business 2. 26. Maining Address 4. Fish Number 5. Supplies 3. Suppli	ARCADIA FL		ARCADIA FL 33821	UGH			
Suite, Apt P etc. 20						10/21/1993	and an arranged to the continue of the continu
Substance Substa		ace of Business	F-7				Applied For Not Applicable
City A State City A State Caty		#. etc					\$8.75 Additional
Added to	22		27			5. Certificate of Status Desired	Fee Required
Zp)	— ·			, ,	\$5.00 May Be
9. Name and Address of Current Registered Agent STES, LAWRENCE 5961 NW PINE BRIDGE DR ARCADIA FL 33821 11. Pursuant to the provisions of Sections 607 0002 and 607 1608, Florida Statutes, the above name of corporation supmits this stutement for the purpose of changing is reflected for the reflected specific and the provisions of Sections 607 0002 and 607 1608, Florida Statutes, the above name of corporation supmits this stutement for the purpose of changing is reflected for the reflected specific and the provisions of Sections 607 0002 and 607 1608, Florida Statutes, the above name of corporation supmits this stutement for the purpose of changing is reflected for the reflected specific and the provisions of Sections 607 0005, Florida Statutes, the above name of corporation supmits this stutement for the purpose of changing is reflected for the reflected specific and the provisions to section for 0005, Florida Statutes, the above name of corporation supmits this stutement for the purpose of changing is reflected by the corporation's bowd of changing is reflected to the reflected statutes, the above name of corporation supmits this stutement for the purpose of changing is reflected by the corporation's bowd of changing is reflected to the reflected statutes, the above name of corporation supmits this stutement for the purpose of changing is reflected by the corporation's bowd of changing is reflected to the reflected statutes, the above name of corporation supmits this stutement for the purpose of changing is reflected by the corporation supmits this stutement for the purpose of changing is reflected by the corporation of the reflected statutes, the above name of corporation of the reflected by the corporation of the reflected of the corporation of the received or the students of the reflected of the corporation of the received or the students of the reflected and that my signature of the corporation of the received or the students of the report as reported by changing the purpose of the received or the students		Country		Count			Added to Fees
ESTES, LAWRENCE S981 NW PINE BRIDGE DR ARCADIA FL 33821 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above named corporation submits his statement for the purpose of changing its region of any storage plants of the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above named corporation submits his statement for the purpose of changing its region and accept the obligation of use of the obligation of the purpose of changing its region and accept the obligation of use of the obligation of the purpose of changing its region and accept the obligation of use of the obligation of the obligation of the obligation of use of the obligation of the obligation of use of the obligation of use of the obligation of the obligation of the obligation of use of us		 η			,	1 T	,
ESTES, LAWRENCE Set IN W PINE BRIDGE DR ARCADIA FL 33821 B4 City FL B5 ZPC 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statulos, the above named corporation submits his statement for the purpose of changing its reflece or registered agent for both, in this State of Florida, Such changing its registered agent and accorpt the output of CP 0505, Florida Statulos, the above named corporation submits his statement for the purpose of changing its registered agent flam familiar with, and accorpt the output of CP 0505, Florida Statulos Statulos SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 14. Intit! 15. OFFICERS AND DIRECTORS 15. Intit! 16. DELETE 17. Intit! 17. OFFICERS AND DIRECTORS 18. ARCADIA FL 33821 18. STREET AGENCS 18.				1991			gistered Agent
Signature Street Address P.O. Box Number to Not Acceptable	FS	RTES LAWRENCE		8	1 Name		
ARCADIA FL 33821 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent an item state of Florida Such change was authorized by the corporation's board of directors. I hencity accept this approximent as registered agent an affirmar with, and accept the originative of Section 607 0505. Florida Statules SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 14. It his is been section of the provision of the				8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named consulation submits this statement for the purpose of changing its reflect or registered appent, or texth, in the State of Florida Such change was authorized by the corporation's board of chinckers. Theretry accept this appointment as registered appent and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE Spychological separation of the purpose appentant and target all the purpose of chinck Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. STREET ADDRESS 1686 S HILLSBOROUGH AVE 15. STREET ADDRESS 1686 S HILLSBOROUGH AVE 27. MARK 27. MARK 28. MARK 28. MARK 28. MARK 28. MARK 28. MARK 28. MARK 38. STREET ADDRESS 169. THE DELETE 10. DELETE 11. THE DELETE 12. THE DELETE 13. ADDITIONS/CHANGES TO CHARGE OF THE ADDITIONS TO THE ADDI				Ļ	<u>_</u>		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits his statement for the purpose of changing at so office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Incretly accept the appointment as registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Incretly accept the appointment as registered agont, or both with, and accept the object of specific agont or both with, and accept the object of specific agont or both with, and accept the object of specific agont or both with, and accept the object of specific agont or both with, and accept the object of specific agont or both with, and accept the object of specific agont or both with, and accept the object of specific agont or both with, and accept the object of specific agont or both with an accept to both agont or bo				8	3		
11. Persuant to the previousnic of Sections 607 0502 and 607 1508. Floridal Statutes, the above named corporation's board of directions. I hereby accept the paper entanging user office or registered agent, no both in this State of Bloods. Such changing was authorized by the corporation's board of directions. I hereby accept the appointment as registered agent, no better the appointment as registered agent. I am familiar with, and accept the obligations of Section 607 0505. Floridal Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 11. DELETE 11. III.L. D. Change Canada And Canada A				В	4 City		85 Zip Code
office or registered agent, or table, in the State of Floreta, Such change was authorized by the corporation's board of directors. I horsely accept the appointment as registered agent and familiar with, and accept the obligiations of Section 607 00506, hierald state and agent and accept the obligiation of Section 607 00506, hierald state and agent and accept the obligiation of Section 607 00506, hierald state and agent and accept the appointment as registered agent and agent agent are remaining. 12	11 Pursuant to	to the provisions of Sections 607 0	502 and 607 1508. Florida Sta	atules the abov	re-named cor	poration submits this statement for the pr	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. MANE 13. STREF ADDRESS 59.61 NW PINE BRIDGE DR. 13. STREF ADDRESS 13. STREF ADDRESS 13. STREF ADDRESS 13. STREF ADDRESS 14. CDT - 512P ARCADIA FL 33821 Change CDT - 512P ARCADIA FL 33821 CDT - 512P ARCADIA FL 33821 CDT - 512P	office or re	ed-stered agent, or both, in the Sta	te of Florida. Such change wa	as authorized b	v the corpora	tion's board of directors. Thereby accept	t the appointment as registered
Title		Chromosa to rout or recovery research members to	a and an Chile Cample while	INOXE Socialesed A	nent sennat ve ran	ored wher repositions	DATE
NAME STREET ADDRESS 1866 S HILLSBOROUGH AVE 135 NEET ADDRESS 14 COTY 51-2P ARCADIA FL 33821 THE D DELETE 27 THE D STREET ADDRESS 1866 S HILLSBOROUGH AVE 135 NEET ADDRESS 14 COTY 51-2P ARCADIA, FL 33821 Change ESTES, MARY A 27 NAME ESTES, MARY A 28 STREET ADDRESS 1866 S HILLSBOROUGH AVE 29 STREET ADDRESS 1866 S HILLSBOROUGH AVE 29 STREET ADDRESS 187 ST-2P ARCADIA, FL 33821 Change ESTES, MARY A 5961 NW PINE BRIDGE ARCADIA, FL 33821 Change ARCADIA, FL 33821 Change Change ARCADIA, FL 33821 Change Change ARCADIA, FL 33821 Change ARCADIA, FL 33821 Change Change ARCADIA, FL 33821 ARCADIA, FL 33821 ARCADIA, FL 33821 Change ARCADIA, FL 33821 ARCADIA, FL 33821 ARCADIA, FL 338			 		a a. B c. c. d		
STREET ADDRESS ARCADIA FL 33821	T171E	D	DELETE	1.1 THILE		D	Change Addition
CITY-ST-ZIP ARCADIA FL 33821	NAME	ESTES, LAWRENCE L		1.2 NAM			
TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE STES, MARY A 1868 S HILLSBOROUGH AVE ARCADIA FL 33821 DELETE 31 TITLE ARCADIA FL 33821 Change DELETE 31 TITLE ARCADIA FL 33821 Change TITLE DELETE TITLE DELETE TITLE DELETE TITLE DELETE DELETE TITLE DELETE DEL	STREET ADDRESS		AVE	1.3 STRE			
NAME STREET ADDRESS CITY-ST-ZIP ARCADIA FL 33821 DELETE DELETE 31 DITLE ARCADIA, FL 33821 Change Change Change TITLE ARCADIA, FL 33821 Change Change TITLE ARCADIA, FL 33821 Change Change TITLE ARCADIA, FL 33821 Change Change Change TITLE ARCADIA, FL 33821 Change Change Change TITLE ARCADIA, FL 33821 Change TITLE ARCADIA, FL 33821 Change TITLE ARCADIA, FL 33821 Change Change TITLE ARCADIA, FL 33821 Change TITLE ARCAD			T Locate				Change Addition
STREET ADDRESS CITY-ST-ZIP ARCADIA FL 33821 DELETE 31 TITLE NAME 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE Change	1		L' DETETE			_	Gnange Audino
OTTY- ST-ZIP ARCADIA FL 33821 DELETE 31 THE DELETE 31 THE DELETE 32 NAME STREET ADDRESS DELETE 41 THE DELETE DELETE	1		AVE				\ -
THE DELETE 31 BILE 32 NAME STREET ADDRESS CITY-ST-ZIP THE DELETE 41 THE Change THILE 42 NAME STREET ADDRESS CITY-ST-ZIP THE DELETE 41 THE CHANGE THE ADDRESS CITY-ST-ZIP THE DELETE 51 THE CHANGESS CITY-ST-ZIP TH							
STREET ADDRESS CITY-ST-ZIP TITLE DELETE AT TITLE A DELETE AT TITLE A DELETE AT TITLE A STREET ADDRESS CITY-ST-ZIP TITLE DELETE A STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE ANAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DEL			DELETE			nkonuin, rt. 3302	Change Addition
OITY-ST-ZIP DELETE 4 TITLE Change NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 TITLE STREET ADDRESS CITY-ST-ZIP 1. I do hereby 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 a made under onth, that I am an off-cer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Stathat my name appears in PDICK 12 or Block 13 if changed, or on an attachment with an address	NAME			3.2 NAM	:		
INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-	STREET ADDRESS			3 3 STRE	ET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE STITILE STREET ADDRESS CITY-ST-ZIP Change NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP THE DELETE STREET ADDRESS CITY-ST-ZIP AME STREET ADDRESS 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). Florada Statement of the certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal or made under earth, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statement with an address			T DELETE				Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 + TITLE NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 + TITLE Change Commanded under oath, 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 or 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 617, Florida Statistical my name appears in Brock 12 or Block 13 if changed or on an altachment with an address					[Change [1] Wadditt
CITY-ST-ZIP TITLE DELETE 5 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE NAME 6 2 NAME STREET ADDRESS 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 State 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 or 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 617, Florida State that my name appears in Brock 12 or Block 13 if changed or on an altacoment with an address					j		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE NAME 6 2 NAME 6 3 STREET ADDRESS 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 State 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 or 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 617, Florida State that my name appears in Brock 12 or Block 13 if changed or on an altacoment with an address							
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE NAME 62 NAME 63 STREET ADDRESS 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 State 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 or 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 617, Florida State that my name appears in Brock 12 or Block 13 if changed or on an attachment with an address			DELETE				Cnange Addition
CITY-ST-ZIP TITLE DELETE 6 1 TITLE STREET ADDRESS CITY-ST-ZIP 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS G17-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 State 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 617, Florida State that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address	NAME			52 NAM	E		
NAME STREET ADDRESS 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 State 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 617, Florida State that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address	STREET ADDRESS			5.3.STRE	F1 AUDRESS		
NAME STREET ADDRESS 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 Stated 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 617, Florida Stated my name appears in Brock 12 or Block 13 if changed or on an attachment with an address			77 55.555				Character Addition
STREET ADDRESS CITY-ST-ZIP 14. If 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 State 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 or 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 617, Florida State that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address			[DELETE				Change Addite
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 State 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 or 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 617, Florida State that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address	i						
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 Staffurther 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 a 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 617, Florida States that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address	1						
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 of made under earth, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statish my name appears in Brack 12 or Block 13 if changed, or on an attachment with an address	14. I do hereb	: by certify that the information supp	lied with this filing is voluntari	ly furnished and	does not au	alify for the exemption stated in Section	119 07(3)(k). Florida Statutes I
P = P = P = P = P = P = P = P = P = P =	further cer	white that the information indicated a	on this annual report or suppl	lemental annua	report is true	and accurate and that my signature sha	all have the same lega' effect as it
6/7/96 941-49A	that my na	ame appears in Book 12 or Block 1	13 if changed, or on an attach	ment with an ac	ddress		
	SIGNAT	TIRE DOLLAR	a ditale	\Rightarrow		6/7/96	941-494-176
SIGNATURE: DAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVERTOR DIV	SIGNAL	OUT VARAMINATION	OF PRINTED NAME OF SIGNING OFF	ICER OR DIRECTOR		OAV	Cosytome Pricing #