FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:17

DOCUMENT # P93000073629 (6)

1. Corporation Name
CARPE DIEM INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
P O BOX 396 WINTER PARK FL 32790-0396	P O BOX 396 WINTER PARK FL 32790-0396

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 5979 Vineland Rd.	2a. Mailing Address	26 POB 396
Suite, Apt #, etc	22 300	Suite, Apt #, etc	27 W.P., FL
City & State	23 ORL	City & State	28 ~~FL 32819~~
Zip	24 32819	Country 25 USA.	Zip 29 32790	Country 30 ~~ORANGE~~ U.S.A

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-3940813 — Applied For / Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEVENS, GARRISON S ~~7642 DR. PHILLIPS BLVD.~~ ~~STE. 157~~ ORLANDO FL 32819	81 Name: G. S. STEVENS 82 Street Address (P.O. Box Number is Not Acceptable): 5940 CHESAPEAKE PARK 83 84 City: ORLANDO FL 85 Zip Code: 32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DV~~	1.1 TITLE	C.E.O. / DIR. ☐ Change ☑ Addition
NAME	~~STEVENS, T. JOSEPH~~	1.2 NAME	L. BRADSHAW
STREET ADDRESS	~~P O BOX 396~~ N/A	1.3 STREET ADDRESS	P.O.B. 396
CITY ST ZIP	~~WINTER PARK FL 32790-0396~~	1.4 CITY ST ZIP	Winter Park FL 32790-0396
TITLE	~~D~~	2.1 TITLE	PRES. / D. ☐ Change ☑ Addition
NAME	~~STEVENS, KRISTINA L~~	2.2 NAME	L.W. BRADSHAW
STREET ADDRESS	~~P O BOX 396~~ N/A	2.3 STREET ADDRESS	P.O.B. 396, W.P., FL 32790-0396
CITY ST ZIP	~~WINTER PARK FL 32790-0396~~	2.4 CITY ST ZIP	
TITLE	~~DSTP~~	3.1 TITLE	S/T. ☑ Change ☐ Addition
NAME	STEVENS, GARRISON S	3.2 NAME	GARRISON S. STEVENS
STREET ADDRESS	P O BOX 396 N/A	3.3 STREET ADDRESS	P.O. BOX 396 W.P., FL 32790-0396
CITY ST ZIP	WINTER PARK FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 C.D. Intl. Corp. by: G.S. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/03/95 Daytime Phone #: 407.658.3100

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