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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

19	996	DIVISION OF	CORPORA	TIONS			
DOCUM 1. Corporation N	ENT # P930 0	00085753 (0)				
FOLKERS & ASSOCIATES, INC.					1 KURIKUSI NIN KANDO NISIK SONI ATINI		ADA DADA BERRA DEKAD DIJI DOG
Principal Place of	Business	Mailing Address				52111 05151 10	
7309 1 AV S 7309 1 AV S							
ST. PETERSBURG FL 33707 ST. PETE BEACH FL 33707 US						las Dat	te of Last Report
U\$ 		••			 Date incorporated or Qualified 12/10/1993 		1/20/1995
	- I D wisses	2a. Mailing Address			4. FEI Number		Applied For
Principal Plac 21	e of Business	26			59-3217645		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 Additional Fee Required
22		27 Ch. 9 Chato			6. Election Campaign Financing		\$5.00 May Be
City & State		City & State			Trust Fund Contribution		Added to Fees
23 Zip	Country	Zip	Cour	ntry	8. This corporation has liability fo	r intangible	tax under s. 199.032,
24	25	29	30		Florida Statutes Ye 10. Name and Address of New		Agent
	9 Name and Address of Cui	rent Registered Agent		81 Name	10. Name and Address 5: No.		
FOLUEDO	NODA		ļ	20 0 111	dress (P.O. Box Number is Not Accepta	able)	
FOLKERS, NORA 7100 3RD AVENUE NORTH				82 Street Add	dress (F.O. Box Norriber 15 Not Not Seep 15		
ST. PETERSBURG FL 33710				83			
On the bottom of				84 City		F	85 Zip Code
					and in authorite this statement for the F	uroose of o	hanging its registered office
11. Pursuant to	the provisions of Sections 607.0	0502 and 607,1508, Florida Stati Florida. Such change was autho	utes, the abo rized by the o	ve-named corp corporation's bo	oration submits this statement for the poard of directors. I hereby accept the ap	pointment	as registered agent. I am
familiar with	id agent, or both, in the State of the analysis of the accept the obligations of, the state of the accept the obligations of, the accept the obligations of the accept the acceptance the ac	Section 607.0505, Florida Statut	es.				
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable.	NOTE: Registered	Agent signature requ	ired when reinstating?	DATE	In Diprotopo IN 12
12.	OFFICERS	AND DIRECTORS	13.		ADDINIONS/CHANGES TO O	FFICERS AI	Change Addition
TITLE	P	☐ DEFELE	1.11		PIONIS	ι Λ	7 \' -
NAME	FOLKER, NORA M. 7100 3RD AVE N		1.2 N	TREET ADDRESS	FOLKERS, NORA	V	
STREET ADDRESS	ST PETE FL			HY-ST-ZIP			
CITY - ST - ZIP	JI I LILI L	DELETE	2.13		S		Change Addition
NAME			2.2 %	IAME	FULKERS RI	CHA	RD .
STREET ADDRESS			235	TREET ADDRESS	المراجع المراجع	_ ^	5
CITY - ST- ZIP		☐ DELETE		TITLE	1100 319 4	1	☐ Change ☐ Addition
ተባኒዩ		☐ Deficie	11 -	IAME	8+ Pole FL	37	707
NAME				STREET ADDRESS			,
STREET ADDRESS CITY-ST-ZIP			3.4	CITY-ST-ZIP			☐ Chanoe ☐ Addition
TITLE		☐ DELETE	4.1	TITLE			☐ Change ☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		DELETE		CITY-ST-ZIP TITLE			☐ Change ☐ Addition
TITLE				NAME			
NAME STREET ADDRESS			53	STREET ADDRESS			
CITY-SI-ZIP				CITY-ST-ZIP			☐ Change ☐ Addition
TITLE		☐ DELETE		TITLE			
	1		6.2	NAME			

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 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 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 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 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 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 under 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 under 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 under certific the certific 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 under certific the certific that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if under certific the certific that the informa

63 STREET ADDRESS

6.4 CITY - \$1 - 7 P

SIGNATURE:

NAME

STREET ADDRESS