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

**PROFIT** CORPORATION ANNUAL REPORT



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

**DOCUMENT #** Corporation Name

1996

P9400002029 (4)

READING	CTAD	INIC
KP MI JIMIT	AIAH.	INI.

Principal Place of Business Mailing Address					II BUUN BUUN BUUN BUUN INDI TURKA INDI KUN KUN KUN	
340 CRANE RD. VENICE FL 34293		P O BOX 1193 VENICE FL 34284	- · · · · · · · · · · · · · · · · · · ·			
US	• • • • • • • • • • • • • • • • • • • •	72.WQ2 72 47207			3. Date Incorporated or Qualified	3a. Date of Last Report
					01/03/1994	05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21	• • • • • • • • • • • • • • • • • • • •	26			65-0468821	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			& Floring Connection Financing	Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zigi	Country		8. This corporation has liability for it	
24	25	29	30			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent
			81	Name		İ
SMITH.	SANDRA K		82	Street Addi	ress (P.O. Box Number is Not Acceptable	le)
	ANE RD.					<u></u>
VENICE	FL 34293		83	'		
			84	City		85 Zip Code
44 5	100000000000000000000000000000000000000	2011 202 1600 First Car				FL   S   E   S   S   S   S   S   S   S   S
or registere	ed agent, or both, in the State of Flo	rida. Such change was authoria	zed by the corp	named corpo poration's boa	ration submits this statement for the pur rd of directors. Ehereby accept the appo	pose of changing its registered office pintment as registered agent. I am
familiar with	h, and accept the obligations of, Ser	ction 607.0505, Florida Statute:	S.			
SIGNATURE.	Segmanting i typed on printed name of registers, trage-	characteria di eccoloria	The Hopsterest Aye	e t santatur menang		GATE
12,		NO DIRECTORS	<b>1</b> 3.		ADDITIONS/CHANGES TO OFFI	
TITLE	P	DELETE	1 T:TLE			☐ Change 🔀 Addition
NAME	SMITH, SANDRA		1.2 NAME			
STREET ADDRESS	340 CRANE ROAD		13 STREE	T ADDRESS	Zip code: 342	a z
CITY-ST-ZIP	VENICE FL		4 CITY -	S' - ZIP	ZIP COGE 340	
TOTALE	٧	☐ DELETE	2 1 THELE			Change Addition
NAME	SMITH, STEVEN A		2.2 NAME			
STREET ADORESS	340 CRANE RD.		2.3 STREE	1 ADDRESS		-
CITY-ST-ZIP	VENICE FL 34293		2.4 CiTy -			Chage
TITLE		☐ DELETE	3 171756			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.4 CiTy -	ET ADDRESS		
CHY-ST-ZIP TITLE		□ DELETE	4 1 TILLE			Change Addition
NAME		<b>G</b>	4.2 NAME	- 1		
STREET ADDRESS				LADORESS		•
CHTY-ST-ZIP			4.4 Cify -			
TITLE		DELETE	5 1 Tifts			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZiP		,	5.4 C(TY	ST ZIP		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS				ET ADDRESS		
CITY ST ZIP	and Allertain Section 2	The Problem & State of the Stat	64 CEY-		4.4.	07/2010 Florido Otol dos 14 des-
certify that oath; that	the information indicated on this an	nua' report or supplemental and poration or the receiver or trusti	nual report is t ec empowered	rue and accur	for the exemption stated in Section 119, ate and that my signature shall have the lis report as required by Chapter 607, Fi	same legal effect as if made under

SIGNATURE: \_

PED OR PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR STATE & Smith 4/8/96 941-497-2270

CR2E034 (12/95)