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

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1. Corporation	MENT # P9400	0010620 Ment, Inc.	(0)			
Principal Place	of Business	Mailing Address			BBINI BBIDI KASU BBINB BINB KIDIK BBIK 1081	
2204 N CITR	IUS BLVD	2204 N CITRUS B	.VD			
STE 4-A Leesburg f	: 24740	STE 4-A	40			
US	L 34746	LEESBURG FL 347 US	46	3. Date Incorporated or Qualified	3a. Date of Last Report	
				02/09/1994	06/23/1995	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	#. elc.	Suite, Apt. #, etc		65-0468089	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	···	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	Country	8. This corporation has liability for in		
24	25 9. Name and Address of Current	29	30	Florida Statutes Yes		
	y, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Ro	egistered Agent	
ROSS, J	IOUN M		OT Name			
	CITRUS BLVD., #4A		82 Street Addr	ess (P.O. Hox Number is Not Acceptable	e)	
	RG FL 34748		83			
LLCODO	110 1 2 04/40				•	
	_		84 City		FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida St	atutes, the above-named corpor	ation submits this statement for the pure	cose of changing its registered office.	
or registere familiar wit	ed agent, of both, in the Stave of Florid h, and acrept the obligations of Section	a. Such change was auth in 607.0505. Florida Stati	orized by the corporation's boar	ation submits this statement for the purp of directors. I hereby accept the appo	intment as registered agent. Lam	
SIGNATURE		Jana ?	oss tresident		Slike	
	Signature, typed of profited han ellof registeres agent a		thortE. Registered Agest separature response	Lwhen overhat op	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFE	<u>-</u>	
TITLE	PSD 1/ ROSS, JOHN M	DELETE	1 1 TITLE		Change Addition	
NAME STREET ADDRESS	2204 N CITRUS BLVD STE 4-		1.2 NAME			
	LEESBURG F	*	1 3 STREET ADDRESS			
CITY-ST-ZIF TITLE	LL CODONO 1	[] DELETE	1 4 CHY - ST - ZIP 2 1 THEE		Change	
NAME			2.2 NAME		Change Addition	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIF			2.4 City-St-ZiP			
TITLE		DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3 4 CITY - ST - ZIP			
TITLE		☐ DELFT€	4 1 Trice		Change Addition	
NAME .			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			44 CHY ST 7H			
THLE		DELETE	5 1 TITLE		Charge Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		CT (NECTE	5 4 CITY · ST · ZIP			
		☐ DELETE	€ 1 TITLE	•	☐ Change ☐ Addition	
NAME CIRCL ADDCECE			6 2 NAME			
STREET ADDRESS			6 3 STREET AUDRESS			

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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 jaminual 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 or an attachment with an address.

SIGNATURE:

SIGNATURE AND THE OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 352728-2008

CR2E034 (12/95)