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

APPROVED
AND
FILED

95 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001484985
-05/12/95--01009--013
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000022692 (5)**

1. Corporation Name
INCREDIBLE, INCORPORATED

Principal Place of Business
2522 AQUA VISTA BLVD
FT. LAUDERDALE FL 33301

Mailing Address
2522 AQUA VISTA BLVD
FT. LAUDERDALE FL 33301

CHANGE

3. Date Incorporated or Qualified: 03/24/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 2552 AQUAVISTA BLVD FT. LAUDERDALE, FL. 33301
26 2a. Mailing Address: 2552 AQUAVISTA BLVD FT. LAUDERDALE, FL. 33301
22 Suite, Apt #, etc.
27 Suite, Apt #, etc.
23 City & State
28 City & State
24 Zip
25 Country
29 Zip
30 Country

4. FEI Number: 65-0478604 — 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. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REYNOLDS, DOUGLAS H
4875 N FEDERAL HWY
10TH FLOOR
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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
(Signature of Current or Successor Registered Agent and the Date) (If Registered Agent signature required after resignation) Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BATES, ETHEL R
STREET ADDRESS	2552 ~~2522~~ AQUA VISTA BLVD
CITY ST ZIP	N LAUDERDALE FL 33301
TITLE	~~D~~ V.P
NAME	BATES, DONALD H.
STREET ADDRESS	SAME AS ABOVE
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	2552 AQUAVISTA BLVD.
14 CITY ST ZIP	FT. LAUDERDALE, FL.
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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: Donald H. Bates - V.P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95
Date

305 576-7198
Telephone Number

0200644 CP