FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # P94000 A'S BIRDS, INC.	0040966 (1)			
Principal Plac	e of Business	Mailing Address			OTOTAL OPENIO INDIA DINA SISTEMATI
324 NE 3RD AVE DELRAY BEACH FL 33444 US		324 NE 3RD AVE. DELRAY BEACH FL 33444 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		05/26/1994 4. FEI Number	Applied For
21	·	26		65-0492228	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	1	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country 30	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible Yes No
24	9. Name and Address of Current		1301	10. Name and Address of New Registers	
MĊ	BRINN, BRENDA		81 Name		
324 NE 3RD AVE. Delray Beach FL 33444			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
DELRAT BEAUTI FL 33444			83		
			84 City		85 Zip Code
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statut I Florida, Such change was	es, the above-named co authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	_
SIGNATURE					
12.	Signature, typed or printed name of registered agen OFFICERS AND		E: Registered Agent signature requality	uired when reinstaling) ADDITIONS/CHANGES TO OFFICERS A	
TITLE	<u>D</u>	DELETE	1.1 TITLE	ADDITIONO INVALO TO OTT TOLITO	Change Addition
NAME	MCBRINN, BRENDA		1.2 NAME		•
STREET ADDRESS	324 NE 3RD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	_	
CITY-ST-ZIP TITLE		T DELETE	2.4 CITY-ST-ZIP	<u> </u>	Change Addition
NAME		L.J OLLEGE	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELET E	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TLE		☐ DELETE	5.1 TITLE		Change Addition
AME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
TY-ST-ZIP			5.4 CITY-ST-ZIP		
:TLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
:AME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP

14. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Mar 16 1998 8:00am

Secretary of State