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

1996

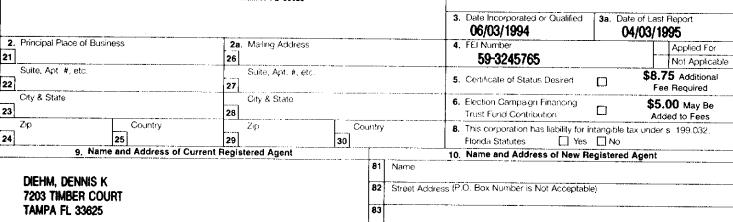
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PLIDEN	CORPORATION
ILIVLII	OUTH ORALION

Principal Place of Business	
7203 TIMBER COURT	

Mailing Address

7203 TIMBER COURT **TAMPA FL 33625**



FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statlites, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statlites.

84 City

SIGNIATI	IDE

Signature Signature by the composition of the protect day of an extra day of days of the protection of						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELET	E 1 1 THLE	Change Addition			
NAME	DIEHM, DENNIS K	1.2 NAME				
STREET ADDRESS	7203 TIMBER COURT	1.3 STREET ADDRESS				
CHTY-ST-ZIP	TAMPA FL 33625	14 CITY ST-ZIP	1			
TITLE	DELET	E 2 • 1HLE	Change Addition			
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2 4 C(TY - ST - Z)F				
TITLE	☐ DELET	E 3 1 TIFLE	Change Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY - ST - ZIP		3 4 CITY - ST - ZIP				
TITLE	☐ DECET	E 4 1 THTLE	Change Addition			
NAME		4.2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4.0 (TY - ST - Z-P				
THILE	DETEI	E 5 1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAMÉ				
STREET ADDRESS		5.3 STALET ADDRESS				
CITY-ST-ZIP		5.4 CITY - S1 - ZIF				
TITLE	☐ DELETE	6 t TIFLE	☐ Change ☐ Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STHEE! ACCORESS				
C/TY-ST-Ž/P		6.4 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 cath; 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 13 or Block 13 if chapted, or order absolute that an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DENNIS K. DIEHM

85

Zip Code

813.247.3194

CHZE034 (12/95)