| SECOND NOTICE:   | CORPORATION WILL BI  | DISSOLVED ON OR AFTER AUG   | UST 7, 1996.                              |  |  |
|--|--|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT  1996  SECOND NOTICE: CORPORATION WILL BE DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)  FLORIDA DEPARTMENT OF STATE Sandra B. Morthari Secretary of State DIVISION OF CORPORATIONS |  |   |   |  |  |
| DOCUMEN<br>1. Corporation Name   | T# <b>P940</b> 0   | 0048127 (2)   |   |  |  |
| BIDCO, INC.  |  |   |   |  |  |
| Principal Place of Busi  | ness   | Ma ling Address   |   | -  | BAINT ALBET SOURT HOIR WANT IOUR IOUR      |
| 9460 TAMGERINE PL/<br>BLDG. 6, UNIT 110-P<br>FORT LAUDERDALE (   |  | 9460 TAMGERINE PLACE<br>BLDG. 6, UNIT 110-P<br>FORT LAUDERDALE FL 33324 |   | 3. Date Incorporated or Qualified 06/28/1994   | 3a. Date of Last Report 04/27/1995         |
| 2. Principal Place of E  | Rusiness   | 2a. Mailing Address   |   | 4. FEI Number  | Applied For<br>Not Applicable              |
| 2. Principal Place of E  | 10311033   | 26  |   | 65-0501756   | \$8.75 Additional                          |
| Suite, Apt. #, etc   |  | Suite, Apt. #, etc  |   | 5. Certificate of Status Desired   | Fee Required                               |
| City & State   |  | City & State  |   | Election Campaign Financing     Trust Fund Contribution                              | \$5.00 May Be<br>Added to Fees             |
| <b>Z</b> ip  | Country  | <b>28</b>   | Country                                   | 8. This corporation has liability for in   | tangible tax under s. 199.032,<br>Yes 🖊 No |
|  | 25<br>lame and Address of Cur  | 29 30   | <u> </u>                                  | Florida Statules   |  |
| CORAL  | ieria avenue<br>Gables FL 33134  |   | 83<br>84 City                             | prestion submits this statement for the pu   | FL 85 Zip Code                             |
| 11. Pursuant to the poffice or register agent 1 am familiant   | provisions of Sections 607,<br>red agent, or both, in the St<br>flar with, and accept the ot | oligations of, Section 607.0505, Florid                                 | da Statutes                               | poration submits this statement for the pulion's board of directors. I hereby accept |  |
| SIGNATURE Signatur   | ne typed or printed name of registeres   | Targetti dala si si si err  | Riig sterad Agent signature requ          | nest when renestating) ADDITIONS/CHANGES TO OFFICE                                   | ERS AND DIRECTORS IN 12                    |
| 12.  |  | AND DIRECTORS DELETE  | 13.                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | Change Addition                            |
| l Nove   | , T<br>RAUTMAN, MARIA E  |   | 1.2 NAME                                  |  |  |
|  | 460 TAMGERINE PLACE  |   | 1.3 STREET ADDRESS<br>1.4 City - St - Zip |  |  |
|  | ORT LAUDERDALE FL.:<br>RAUTMAN, ROBI   | -n イ ( ) 」 」 Utilit   | 2 1 TrTLE                                 |  | Change Addition                            |
| NAME 9   | 460 TANGERINE<br>T- LAUDERDALE,  | PL. #6-110 P  | 2 2 NAMÉ                                  |  |  |
| STREET ADDRESS   | T LAUDERDALE,  | PL. 33724   | 2.3 STREET ADDRESS                        |  |  |
| CITY-ST-ZIP  |  | DELETE  | 2 4 CITY - ST - ZIP<br>3 1 TILLE          |  | Change Addit                               |
| TITLE  |  | [   | 3 2 NAME                                  |  |  |
| NAME<br>exercit Adoptess   |  |   | 3 3 STREET ADDRESS                        |  |  |
| STREET ADDRESS CHY-ST-ZIP  |  |   | 3.4 C/TY-ST-Z/P                           |  | Change Addit                               |
| TITLE  |  | DELETE  | 4 1 1/516                                 |  | <del></del>                                |
| NAMÉ   |  |   | 4 2 NAME<br>4 3 STREET ADDRESS            |  |  |
| STREET ADDRESS   |  |   | 4.4 CHY - ST - ZIP                        |  | Change Addi                                |
| CITY - ST - ZIP  |  | DELETE  | 5 1 TITLE                                 |  | Change Addii                               |
| TITLE  <br>NAME  |  |   | 5.2 NAME                                  |  |  |
| STREET ADDRESS   |  |   | 5 3 STREET ADDRESS                        |  |  |
| CITY - ST - ZIP  |  | DELETE  | 5 4 CHY - ST - ZIP<br>6 1 TITLE           |  | Change Add                                 |
| TITLE  |  | ☐ pereie  | O T HALL                                  |  |  |

5 SIGNATURE:

D 3 SIREL 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 turther 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 turther certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE

TUNE II 1996 (954) 441-5846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS