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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:31

DOCUMENT # **P94000054489 (7)**

1. Corporation Name
READEN, INC.

Principal Place of Business	Mailing Address
8732 SUMMERVILLE PLACE ORLANDO FL 32819	8732 SUMMERVILLE PLACE ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3601 Vineland Road	26 3601 Vineland Road
Suite, Apt. #, etc 22 Suite 4	Suite, Apt. #, etc 27 Suite 4
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32811	Country 25 USA
Zip 29 32811	Country 30 USA

4. FEI Number: 59-3256052 ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Tim Van der Veer
82 Street Address (P.O. Box Number is Not Acceptable): 3601 Vineland Road, Suite 4
83
84 City: Orlando FL 85 Zip Code: 32811

11. Pursuant to the provisions of Section 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: _____ DATE: 3/30/95
(Signature of either previous or new registered agent required. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	VAN DER VEER, TIM	12 NAME	Van Der Veer, Tim
STREET ADDRESS	8732 SUMMERVILLE PLACE	13 STREET ADDRESS	3601 Vineland Road, Ste. 4
CITY ST ZIP	ORLANDO FL 32819	14 CITY ST ZIP	Orlando, FL 32811, USA
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	MOTTIE, MAURICE	22 NAME	Mottie, Maurice
STREET ADDRESS	8732 SUMMERVILLE PLACE	23 STREET ADDRESS	3601 Vineland Road, Ste. 4
CITY ST ZIP	ORLANDO FL 32819	24 CITY ST ZIP	Orlando, FL 32811, USA
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ 3 _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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