FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL	DRATION L REPORT	Secretar	B Mortham ary of State CORPORATIONS		
DOCUME 1. Corporation Nar PET KING		00062886 (4))		
Principal Place of 8 2227 14TH STRE BRADENTON FL	EET W.	Mailing Address 2227 14TH STREET W. BRADENTON FL 34205			
UNITED THE				3. Date incorporated or Qualified 08/22/1994	3a. Date of Last Report 02/07/1995
2. Principal Place	of Business	2a. Maling Address		4. FEI Number 65-0528406	Applied For Not Applicable
Suite, Apt. #, et	etc.	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State		27 City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T. Combi	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	Florida Statutes Yes	s []No
<u></u> <u>\</u>	9. Name and Address of Curren		81 Name	10. Name and Address of New F	negistered Agent
11. Pursuant to the or registered familiar with, a		ربان		Signature representatival	7. 17 Y
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF.	FICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	WATSON, C. MAX 2227 14TH STREET W. BRADENTON FL 34205	DELETE	1 1 TH.E 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-ZIP		☐ Charige ☐ Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS	STAMESTION I COTEON	☐ DELETE	2 1 THE F 2 2 NAME 2 3 STREET ADDRESS	,	Change Addition
CITY-ST-ZIP TILE NAME STREET ADDRESS		DELETE	2.4 OHY - ST - ZIP 3.1 THEF 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS		DELETE	34 0/1 × - S1 - Z/P 4 1 T/L E 4 2 NAME 4 3 STREET ADORESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4 4 CLY - ST ZIP 5 1 TH of 5 2 NAME 5 3 STREST ADDRESS		☐ Change ☐ Add tion
CHY-ST-ZIP TITLE NAME		☐ DELETE	5.4 CIEV S1-ZIP 6.1 TITLE 6.2 NAVE 6.3 STREET ADDRESS		Change Addition
STREET AUDRESS	1		6.3 STREET ADUMESS		

64 CRY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 indeaded on this an ancular propert or supplemental annual report is true and accorded and that my signature shall have the same legal effect as if marle under certify that I am an officer or director of the compact in 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 12 in attachment with an address

SIGNATURE:

SIGNATURE:

Definition of the control of the control

41.11 96 941 747-7634