

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000069899 (0)

1. Corporation Name
BIRD CITY SALES CORP.



Principal Place of Business: **502 ULRICH ROAD FORT PIERCE FL 34982**
 Mailing Address: **502 ULRICH ROAD FORT PIERCE FL 34982**

3. Date Incorporated or Qualified: **09/20/1994**
 3a. Date of Last Report: **03/15/1995**
 4. FLI Number: **65-0527460**
 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

2. Principal Place of Business
 21. **14715 LIVE OAK RD**
 Suite, Apt. #, etc.
 22. City & State: **PANAMA CITY BEACH, FL**
 23. Zip: **32413**
 24. Country: **FL**
 25. Country
 26. Mailing Address: **14715 LIVE OAK ROAD**
 Suite, Apt. #, etc.
 27. City & State: **PANAMA CITY BEACH, FL**
 28. Zip: **32413**
 29. Country: **FL**
 30. Country

9. Name and Address of Current Registered Agent
**HILL, JAYMEE
 502 ULRICH ROAD
 FORT PIERCE FL 34982**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable): **14715 LIVE OAK ROAD**
 83.
 84. City: **PANAMA CITY BEACH** FL 85. Zip Code: **32413**

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JAYMEE HILL	
STREET ADDRESS	502 ULRICH RD	
CITY, ST, ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1.3 STREET ADDRESS	14715 LIVE OAK ROAD
1.4 CITY, ST, ZIP	PANAMA CITY BEACH, FL 32413
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6.3 STREET ADDRESS	
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 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: *Jaymee Hill*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAYMEE HILL

3/19/96 904 233-7479

CR2E034 (12/95)