FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

0093754

DOCUN 1. Corporation	MENT # P94000	DIVISION OF (2)	CORPORI	ATIOI	vs		OIS BINCH NOME I	INTERNATION (TO L
Principal Place	a of Rucinocc	Mailing Address					41 0 6 4101 10440 1	
Principal Place of Business 823 SANDLAKE ROAD ORLANDO FL 32809 US		923 SANDLAKE ROAD ORLANDO FL 32809 US				DO NOT WRITE IN THIS SPACE		
00		••				3. Date Incorporated or Qualified		
. D			2a. Mailing Address			10/19/1994 4. FEI Number Applied For		
z. Principai Pi	ace of Business	26. Mailing Address				59-3280234	<u> </u>	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.						Additional
2		27				5. Certificate of Status Desired		Required
City & State		City & State				6. Election Campaign Financing		O May Be
Zip	Country	7 _{IP}	Cou	intry		Trust Fund Contribution L		d to Fees
4] ^{2,p}	25	29	30	and y		 This corporation owes or has paid the corporate Property Tax due June 30. 		ntangible
<u></u>	9. Name and Address of Curren		1001			10. Name and Address of New Registered	7	
923	RRIS, TODD I SANDLAKE RD LANDO FL 32809			81 82 83	Name Street Add	dress (P.O. Box Number is Not Acceptable)		
				\Box				
				84 City		F	85 Zip	p Code
SIGNATURE	Stgreature typed or puriest name of registived ag OFFICERS AN	ID DIRECTORS	F: Registere	d Agen	it signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		
TULF	P	☐ DELETE	1.1 TI	ITLE	}		Change	Addition
name Street address	KONGAIE, SCOTT 923 SANDLAKE ROAD		1.2 N/		ADDRESS			
CITY-ST-ZIP	ORLANDO FL		l l	ITY-ST				
TITLE	VP .			2.1 TITLE			Change	Addition
NAME	DENNIS, TODO		2.2 N	AME	ľ			
STREET ADDRESS	923 SANDLAKE RD.			2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			TT	- 171
TITLE		☐ DELETE	3.1 TITLE		1		Change	e [] Addition
NAME			3.2 N		1000000			
STREET ADDRESS (City-St-Zip				ITY-SI	ADDRESS			
TITLE		DELETE	4.1 (1		1-20-		Change	e Addition
NAME		_	4.21	NAME				
STREET ADDRESS			4.3 5	TREET	ADDRESS			
CITY - ST - ZIP			4.40	aty-st	- ZiP			·
TITLE		DELETE	5 1 TITLE		}		Change	e [] Addition
NAME			5.2 N					
STREET ADDRESS			1		ADDRESS			
CITY - ST - ZIP TITLE	<u></u>	DELETE	5.4 C	HTY - ST	- ZIP		Change	e Addition
NAME		And Directo	6.2 N		}			
STREET ADDRESS					ADDRESS			
City+St-7iP			6.4 C	ITY-S1	T-ZIP		_	
14. I hereby of indicated officer or	certify that the information supplied in on this annual report or supplement director of the corporation or the rec	with this filing does not qualify tal annual report is true and ac beiver or truspee ampowered to	or the ex- curate an execute	empt nd tha this r	ion stated in the my signal eport as re	in Section 119.07(3)(i), Florida Statutes, I further dure shall have the same legal effect as if made equired by Chapter 607, Florida Statutes, and tha	certify that the certify that the certify that the certific transfer certification is certified to the certified that the certi	he information that I am an appears in