FIL	E NOW: FILING FEE	AFTER MAY 1	I IS \$225.00		
CORPORATION Sandra ANNUAL REPORT Secre		EPARTMENT OF STATE dra B. Mortham cretary of State OF CORPORATIONS			
DOCU 1. Corporatio	MENT#	P 94 000089			
_	^	ings Inc	•		
Principal Place	e of Business Southern Blud	Mailing Address			
ַ עּעיי,	* 1		FL	3. Date Incorporated or Qualified	3a. Date of Last Report
West P	ace of Business	2a. Mailing Address	33411	12-8-94 4: FEI Number	Anglad Ca
21 Suite, Apt.	SAME	[26] SH	ME	65-054 2066	Applied For Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	Crty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country	Zip	Country	8. This corporation has liability for in	Added to Fees ntangible tax under s 199.032,
24	25 9. Name and Address of Curre	29 nt Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New Re	
Jin			81 Name		
600	of west Bun Club	b Rd	82 Street Addre	ess (P.O. Box Number is Not Acceptable	9)
West	Palm Beach	FL	83		
		3341	5 84 City		FL 85 Zip Code
11. Pursuant t or register familiar wit	to the provisions of Sections 607.0502 ed agent, or both, in the State of Pori	2 and 607.1508, Florida Stat da. Such change was autho	utes, the above named corpora rized by the corporation's bond	ation submits this statement for the purp d of directors. I hereby accept the appo	
SIGNATURE	(2000)	WUV.			as registered agent. Ta m
12.		central pendidade in its DID DIRECTORS	NOTE: Pargistried Agent signal ire required 13.	ADDITIONS/CHANGES TO OFFIC	DAIL DEPENDENT OF THE PERSON O
TILLE	PRes.	☐ DEFELE	1 THLE	ADDITIONS CHANGES TO OFFIC	Change Addition 2 Change Addition 2 Change Section Addition 2 Change Section 2 Change Secti
NAME STREET ADDRESS	Tim STARR (0061 West GUN CL	nb & d	1.2 NAME 1.3 STREET ADDRESS		246
CITY-ST-ZIP	WPB	th 33415	1.4 CITY - ST - 24F		32E(
TITLE NAME	Secretary	☐ DEFELE	2 1 TOLE 22 NAME		Change Addition
STREET ADDRESS	Lowise STARR SAME As	NL	2.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	Shimp HS	T DELETE	24 Crty ST-ZiF		
NAME		otter	3 2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY - ST - ZIP 4.1 TiTLE	Carre	Change
NAME STREET ADOPESS			4.2 NAME	8100000180 -05/06/960103	8838. WN8
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	***200,00	0.0
THLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			52 NAME		
C(TY+ST-ZIP			5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 THTLE		☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		ard)
CHY-ST-ZIP	and that the		64 CITY ST. 7.P		5-1-46
oath; that I	am an officer or director of the cornor	at an or the receiver or truck	no construction in the and according	the exemption stated in Section 119.07 and that my signature shall have the sa	(3)(k), Florida Statutes. I further intelligate effect as if made under
appears in 8	Block 12 or Block 13 if changed, or o	n an altachment with an add	ee empowered to execute this a fress	eand that my signature shall have the sa report as required by Chapter 607, Flori	da Statutes; and that my name
SIGNAT		Jun Star	n Pres,	4-29-96	407-792-2211
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFIC	ER OR DIRECTOR	Uab	Daytime Phone II