

**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 # **P95000023349 (0)**

1. Corporation Name  
**BIRDALURE, INC.**



Principal Place of Business: **C/O LAW OFFICES OF JENNIFER L. WHITELAW 800 HARBOUR DR. SUITE 1000 NAPLES FL 33940**

Mailing Address: **C/O LAW OFFICES OF JENNIFER L. WHITELAW 800 HARBOUR DR. SUITE 1000 NAPLES FL 33940**

3. Date Incorporated or Qualified <b>03/21/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0584898</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Subj., Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Subj., Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent <b>WHITELAW, JENNIFER L 800 HARBOUR DRIVE SUITE 1000 NAPLES FL 33940</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. City <b>FL</b> 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Print) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. <b>D, P, S, T</b> NAME: <b>DEMBOŠKE, EDMUND J</b> STREET ADDRESS: <b>7000 RUE DE MARQUIS</b> CITY, ST, ZIP: <b>NAPLES FL 33963</b> <input type="checkbox"/> DELETE	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME: 13. STREET ADDRESS: 14. CITY, ST, ZIP: 21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME: 23. STREET ADDRESS: 24. CITY, ST, ZIP: 31. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME: 33. STREET ADDRESS: 34. CITY, ST, ZIP: 41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME: 43. STREET ADDRESS: 44. CITY, ST, ZIP: 51. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME: 53. STREET ADDRESS: 54. CITY, ST, ZIP: 61. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME: 63. STREET ADDRESS: 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)(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: *Edmund J Demboske*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

CR2E034 (12/95)