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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P950000 33349

Birdalure, Inc.

Principal Place of Business

Mailing Address

#104 Naples, FL 34108	850 Park Shore Suite 203 Naples, FL 341		DO NOT WRITE IN THE  3. Date Incorporated or Qualified  3/21/95	S SPACE
2. Principal Place of Business  2. 730 Bentwater Cir.	2a. Mailing Address 26 850 Park Shot	ro Dr	4. FEI Number 65-0584898	Applied For
Suite, Apl. #, etc.	Suite Apl. #, etc. 27 Suite 203	re Dr.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Naples, FL 34108	City & State  28 Naples, FL 34	4103	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip Coi	untry	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible  Yes No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
Whitelaw, Jennifer L. 850 Park Shore Drive, Suite 203 Naples, FL 34103		82 Street Addre	2 Street Address (P.O. Box Number is Not Acceptable)	
		84 City	F	L 85 Zip Code

11. Pursuant to the provisions of Sections 607,0502 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 Signature, typed or preced name of registered agent, at a file if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE DPST 1.2 NAME NAME Demboske, Edmund J. 1.3 STREET ADDRESS STREET ADDRESS 730 Bentwater Circle #104 1.4 CITY-ST-ZIP CITY - ST - ZIP Naples, FL 34108 DELETE 2 1 TITLE Change Addition TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5 2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP 60000246064899 -03/18/98--01039--019 DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*158.75 64 CITY - ST - ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 composition 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 my address.

SIGNATURE:

2/20/98

Daytime Phone #

**FILED** 

Mar 18 1998 8:00am

Secretary of State

CR2E034 (10/97