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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF	F CORPORATIONS		
1. Corporation	MENT # P950 DE INVENTORIES, INC.	00038911 (0)		
DATOID	C HATCHIOHICO, HAO,			 1001/1001/1001/1001/1001/1001/1001/100	
Principal Place of Business		Mailing Address			
17803 SUNRISE DR		17803 SUNRISE DR			
LUTZ FL 3354	19	LUTZ FL 33549			
				3. Date Incorporated or Qualified 05/09/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		26		59-3319809	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23)	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Contry	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	r intangible tax under si 199.032, is - 17 No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New	Registered Agent
O 111 4 D 2			81 Name		
GALLARDO, RENE 17803 SUNRISE DR			82 Street	Address (P.O. Box Number is Not Accepta	ible)
LUTZ FL 33549			83		
			84 Crty		
·					FL 85 Zip Code
or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of F	kwali i Such chango uso outkuwa	and be about the land on the best to	orporation submits this statement for the pu board of directors. Thereby accept the app	ripose of changing its registered office
familiar wit	h, and accept the obligations of, S	ection 607.0505, Florida Statutes	s. ,	The target of the target of the target	somment as registered agent. Lam
SIGNATURE	Signature Type 1 or product name of registros La	oper for it the it applicable (NC)	YE Freque Agent signature	Reg treat when recustating	ÇIAT:
12.	r —	AND DIRECTORS	13		FICERS AND DIRECTORS IN 12
TIFLE	D DENE	☐ DELFTE	1 1 ITUE		Change Addition
NAME STREET ADDRESS	GALLARDO, RENE 17803 SUNRISE DR		1.2 FME	!	
CITY - ST - ZIP	LUTZ FL 33549		13, MEET ADORESS		
TITLE	LOTE 1 E 30348	DELETE	2 1 JLE		Change Addition
NAME .			2.2 AME		Crange Addition
STREET ADDRESS			2.3 PREET ADORESS		
City-St-ZiP			2.4 CTY - ST ZIP		
TifLE		DELETE	3 1 HTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	٠		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4.C.TY - ST. Z/P		
NAME		☐ perete	4 1 FITLE		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZiP			4.4 CHY S1-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY+ST+ZIP		
TITLE		☐ DELE1E	6 ITILE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZiF		

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 planged or on an area thment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(0-27-94)

813-948-986 Daytron Project #

CR2E034 (12/95)