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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # P950 IRL FRIDAY, INC.	00043372 ((8)	I KARUTAR DIA MANA BADA BADA BADA BADA	DENI BIBBO III DO HINI IODID II DY IODI
Principal Place	of Business	Mailing Address			
Principal Place of Business 5512 GARDEN LAKES MAJESTIC BRADENTON FL 34203		5512 GARDEN LAKES MAJESTIC BRADENTON FL 34203			
				3. Date Incorporated or Qualified 3a. 06/01/1995	Date of Last Report
 Principal Pla 	ice of Business	2a. Mailing Address 26		4. FEI Number 65-932.85	_ Applied For Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability for intangit	ple tax under s. 199.032,
	9. Name and Address of Curr			10. Name and Address of New Register	
			81 Name		
5512 G	ITINO, JAYNE MARIE ARDEN LAKES MAJESTIC			ress (P.O. Box Number is Not Acceptable)	
BRADE	NTON FL 34203		83		
			84 City	1	E1 85 Zip Code
or registere	o the provisions of Soctions 607.056 ad agent, or both, in the State of Flo h, and accept the obligations of, Se	mda. Such chance was author	ized by the corporation's boa	oration submits this statement for the purpose of and of directors. Thereby accept the appointmen	I changing its registered office it as registered agent. I am
	Signature, typed or printed have of regeneral ay		nOTE: Biogistered April disquartire recion		·
12.	n OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	······································
NAME	COSENTINO, JAYNE MAR	_	1.2 NAME		Change Addition
STREET ADDRESS	5512 GARDEN LAKES MA		1.3 STREET ADDRESS		
CITY - ST - ZIP	BRADENTON FL 34203		1.4 City-SI-ZiP		
TITLE		☐ DELETE	2 1 THLE		Change Addition
NAME			2 ? NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - 7IP			2.4 CHTY - ST - ZHP		
THTLE		DELETE	3 1 Tilluf		Change 🔲 Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	— Finerere	3.4 CITY - ST - ZIP		
NAME		DELETE	4 + THILE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-SI-ZIP			4.3 STREET ADDRESS		
TITLE		DELFTE	44 CITY ST-7P 5 1 T-TUE		Change Addition
NAME		u	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - 7IP		
TITLE		DELETE	6 1 THUE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP	contribution than information as a first	trib, but floor to the trib	6 4 CHY ST-ZIF		
certily that I oath; that I	the information indicated on this ani	nual report or supplemental an poration or the receiver or trust	nual report is true and accura ee empowered to execute th	for the exemption stated in Section 119.07(3)(b), ate and that my signature shall have the same leads is report as required by Chapter 607, Florida St.	egal effect as if made under latutes, and that my name 47)
SIGNATI		Maxie (US or printed name of signing office	EAUNO CER OR DIRECTOR	8-6-96 73	19-2222 Dayton Phones