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

CORPORATION ANNUAL REPORT

1996

CITY - S1 - ZIP

STREET ADDRESS

STREET ADDRESS

CHTY - ST - ZIP

TiTLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000047987	(9)
------------	--------------	-----

1	BN S		f Florida, inc	· ·	(-,										
Ρ	Principal Place of Business Mailing Address										arkear are raint biolt Abili	EFAIL ADAM DE	## 	IV 1010 10111 160 UVS		
203 W MARION NO.4 EDGEWATER FL 32132				203 W MARION NO.4 EDGEWATER FL 32132												
											rporated or Qualified 20/1995	3a . Da	ite of Last	Report		
+	. Principal Pla	ace of Busin	ess	— ¬	Mailing Address					4. FEI Numb				Applied For		
21				26						16:	-148245	54		Not Applicable		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate	e of Status Desired			75 Additional e Required				
City & State			28	City & State					Campaign Financing d Contribution			00 May Be				
<u> </u>	Zip 1		Country	Z	ſφ	Cou	intry	,		8. This corp	oration has liability fo	r intangible				
24	L_,		25	29		30				Florida St	atutes 🕱 Ye	s 🔲 No				
_		9. Name	and Address of Cui	rrent Hegiste	red Agent	·· · · · · · · · · · · · · · · · · · ·		r		10. Name ar	10. Name and Address of New Registered Agent					
	D10D						81	l N	ame							
BAGDASARIAN, NORIK						82	s	treet Addr	ress (P.O. Box Nu	imber is Not Accepta	ible)					
İ		MARION						<u> </u>		·						
	EUGE	WATER FL	32132				83									
							84	С	ity			FI	85	Zip Code		
11	or registere	ca again, or	ons of Sections 607.0 both, in the State of F ot the obligations of, S	iunua. Suuri G	nange was authorize	ao ov mera	ve-n corpo	nam orat	ed corporation's boar	ation submits this d of directors. I h	statement for the pereby accept the ap			s registered office ed agent. I am		
SI	ignature _	Slanaturo, typedi	or printed name of registered a	ent and the if ano	icaria (NOT	IF: Doorstored	-: 6	t ains		d when reinstating)						
12	2,			AND DIRECTO		13.	ALJEST 1	u sigr	enure required		IS/CHANGES TO OF	DATE EICEDS AN	n nipeci	FORC IN 12		
711	ILE	D			DELETE	1.1 T	ITLE		<u> </u>		0.0.0.000		Change			
N/A	ME	BAGD	ASARIAN, NORIK			1.2 N/	AME							, Daniel		
ST	REET ADDRESS	84 H/	ALLAM ROAD			1.3 \$1	REET	ADO	RESS							
CIT	IY-SI-ZIP	BUFF	ALO NY 14216			1.4 CI										
111	ILE	D			DELETE	2 1 1							Change	Addition		
NA	IME	CESA	r, bernard a sf	}		2 2 NA	ME						_ ,	L		
STREET ADDRESS 2959 GENESEE ST				2 3 STREET ADDRESS												
ÇI	TY - S1 - ZIP	CHEE	KTOWAGA NY 142	225		2 4 CI	IY-SI	T-ZIF	,							
TIT	ī.E				☐ DELETE	3 1 1	TLE						Change	Addition		
NA	ME					3.2 NA	ME						_			
SI	REET ADDRESS					3 3 S	FREET	ADD	ress							
	IY-ST-ZIP					3 4 CI	IY-SI	T - ZIF	,							
TiT					DELETE	4. 1 TI	TLE		T				Change	Addition		
NA ¹	ME					4.2 NA	ME		Ì							
STF	REET ADDRESS					4351	REET (4 DOI	2236							

CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. Ido 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.

4.3 STREET ADDRESS

5.3 STREFT ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5 1 TITLE

5 2 NAME

6. 1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE: X SIGNATURE AND ABAMA OFFICER OR DIRECTOR

4-17-96 904 423 7744
Dete Desplies Proces

☐ Change

Change

■ Addition

Addition

CR2E034 (12/95)