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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

SIGNATURE:

P95000058643 (4)

1. Corporation I	N BE DONE, INC.	Mailing Address					
7917 MURCOTT CIRCLE ORLANDO FL 32835		7917 MURCOTT CIF	7917 MURCOTT CIRCLE ORLANDO FL 32835				
					3. Date incorporated or Qualified 07/24/1995	3a. Date of Last F	Report
Principal Place of Business		2a. Mailing Address	a. Mailing Address		4. FEI Number		Applied For
1		26	A				Not Applicable
Suite, Apt. #, etc.		27 Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired S8.75 Add		•
City & State		City & State	L		6. Election Campaign Financing \$5.00 May Re		
3		28	<u> </u>		Trust Fund Contribution Added to Fees		
Zp T			Zip Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
4	25 g. Name and Address of Curre	29 nt Registered Agent	30		Florida Statutes Yes 10. Name and Address of New Re		
	9		8	Name	10,		
PIOTROWSKI, JOE			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	URCOTT CIRCLE						
ORLANDO FL 32835			8:	3			
			8	City		FL 85 Z	ip Code
familiar with SIGNATURE	i, and accept the obligations of, Sec lightness set or printed name of registered agen	tion 607.0505, Florida Statute	S.	rett sylvatore regore		EIATE	
TITLE	PD OFFICERS AIT	DELETE 1		:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio		
NAME	PIOTROWSKI, JOE		1.2 NAMi	[
STREET ADDRESS	7917 MURCOTT CIRCLE		1 3 STRE	ET ADDRESS			
CITY+ST+ZIP	ORLANDO FL 32835		1 4 CiTY				<u> </u>
TITLE	☐ DELETE		2 1 11511	1		Change	☐ Add tion
NAME STREET ADORESS			2.2 NAMI	ET ADDRESS			
CITY-ST-ZIP			24 GITY				
TITLE		DELETE	3 1 TiTLI			Change	☐ Addition
NAME			3.2 NAMI				
STREET ADDRESS			3 3 STAE	ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4 CHY 4. 1 TITU			☐ Change	Addition
TITLE NAME			4. 1 1110 4.2 NAMI			change	☐ Addition
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
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NAME			5 2 NAM				
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TITLE NAME			6 1 TITU 6 2 NAM	- 1		Gnange	- Addition
STREET ADDRESS				FT ADDRESS			
CITY-ST-ZIP			6.4 CITY				
14. I do hereby	certify that the information supplied the information indicated on this and	with this filing is voluntarily full nual report or supplemental an location or the receiver or trust	nished and do	es not qualify rue and accur	for the exemption stated in Section 119.0 ate and that my signature shall have the s	07(3)(k), Florida Statisame legal effect as	utes. I further

SIGNATURE AND TYPEDER PHINTED NAME OF SIGNING OFFICER OF SIRECTOR

4-6-96 Degree Proce #