## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION



FLORIDA DEPARTMENT OF STATE

249		JAL REPORT 1996	Sandra B. Secretary DIVISION OF CO	of State		
#* PO BOX 50109 ##ARAR FL 2000  ##A PO BOX 50109 ##ARAR FL 2000  ##ARA	DOCU 1. Corporatio	MENT # P9500	0061677 (7)			
# P.O. BOX 501109 MALABAR FL 32500  ### P.O. BOX 501109 MALABAR FL 32500  #### P.O. BOX 501109 MALABAR FL 32500  ### P.O. BOX 501109 MALABAR FL 32500  #### P.O. BOX 501109 MALABAR FL 32500  ##### P.O. BOX 501109 MALABAR FL 32500  ##################################	LDR S	YSTEMS, INC.			i indicate kin inite akini nakini naki	II <b>20</b> 111 <b>20</b> 11 <b>0 C</b> (1 <b>0</b> 1 <b>1</b> 1 <b>0</b> 1 <b>h S</b> (11) 400(4 140) Esa(
### ABAR FL 3280  ### ABAR FL	Principal Plac	e of Business	Mailing Address			
Principal Place of Business   2a, Malery Address   4. FE Number   59 - 332 - 79 - 99   Not Application   59 - 332 - 79 - 99   Not Application   59 - 332 - 79 - 99   Not Application   59 - 35 - 59 - 35 - 79 - 99   Not Application   59 - 79 - 79 - 79   Not Application   59 - 79 - 79   Not Application   55 - 79 - 79 - 79   Not Application   55 - 79   Not Appl						
Suito, Apt #, etc.	9 Original D	N			08/09/1995	
Suite. Apt #, etc.    Suite. Apt #, etc.   Suite. Apt #, etc.   Suite. Apt #, etc.   Suite. Apt #, etc.   Suite. Apt #, etc.   Scribcate of Status Desired   \$6.75 Additional Fee Required City & State   Status Desired   \$6. Election Campaign Financing   \$5.00 May Be Trust Fund Contribution   Suite Added to Fees   Adde	····	race or Business	<u></u>			-00
Chy & State 23  29  20  20  20  20  20  20  20  20  30  Country 20  30  Country 21  20  30  Country 30  30  Country 30  30  Country 40  Co	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
Zp		е			6. Election Campaign Financing	
28	23		<del></del>		, , ,	y     \\ \psi \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
RIEDINGER, DORA M 810 KOUTHIK ROAD SE PALM FL 32909  82  Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 7/p Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered oblice or registered crypt, 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 1 am tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through plants of Joseph Palm tamping why, and accept through the proportion of Joseph Palm tamping why, and accept through the proportion of Joseph Palm tamping why, and accept through the proportion of Joseph Palm tamping why, and accept through the proportion of Joseph Palm tamping why, and accept through the proportion of Joseph Palm tamping why, and accept through the proportion of Joseph Palm tamping why, and accept through the proportion of Joseph Palm tamping why, and accept through the proportion of Joseph Palm tamping why, and accept through the proportion of Joseph Palm tamping why, and accept through the proportion of Joseph Palm tamping	24 24	<u></u> 1	_ <del> -</del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
## Not NouThink ROAD SE PALM FL 32909    B3   Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New	Registered Agent
PALM FL 32909  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 807 0502 and 807 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the or registered annual contribution of Sections 807 0505, Florida Statutes  91. Pursuant to the provisions of Sections 807 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation's board of directors. I nereby accept fine appointment as registered signal annual corporation of Statutes  822 96  SIGNATURE  92						
83   84   City   FL   85   7ip Code			Address (P.O. Box Number is Not Accep	table)		
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 of control of the provisions of section 607.0505. Florida Statutes and the read by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the purpose of section 607.0505. Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS.  12. OFFICERS AND DIRECTORS.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  REDINGER, DORA M  12. NAME  REDINGER, DORA M  12. N	PA	LM FL 32909		83		
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 of control of the provisions of section 607.0505. Florida Statutes and the read by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the purpose of section 607.0505. Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS.  12. OFFICERS AND DIRECTORS.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  REDINGER, DORA M  12. NAME  REDINGER, DORA M  12. N	•					
SIGNATURE Signature Common and approximate				"		
SIGNATURE Signature Expenses of personal agent and if appellation (post personal agent and in a person	11. Pursuant	to the provisions of Sections 607,050	2 and 607,1508, Florida Statutes of Florida, Such change was aut	the above-named o	corporation submits this statement for the	e purpose of changing its registered
12.	agent la	im familial with, and accept the obliga	ations of Section 607.0505, Florid	da Statutes	oration's board of directors i hereby acc	epit the appointment as registered
TILE D DELETE TITLE D DELETE D	SIGNATURE	Stondard Norther prints the page of School and	con the danger of the second	But the dispate of Man	to and the second of	8/2196
NAME   RIEDINGER, DORA M   1626 ARCOT CR   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP   PALM BAY FL 32905   1.4 CITY - ST - ZIP   PALM BAY FL 32905   1.4 CITY - ST - ZIP   PALM BAY FL 32905   1.4 CITY - ST - ZIP   PALM BAY FL 32905   Addition   NAME   STREET ADDRESS   1626 ARCOT CR   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP   PALM BAY FL 32905   DELETE   3.1 TITLE   Change   Addition   Additio	12.					FICERS AND DIRECTORS IN 12
SIRECT ADDRESS CITY-ST-ZIP PALM BAY FL 32905  TITLE D DELETE DELETE D DELETE DE	TITLE	D	DELETE	1 1 Tille	V	Change Addition
DELETE DELETE 21 TITLE D DELETE 21 TITLE D DELETE 21 TITLE D DELETE 21 TITLE D DELETE 21 TITLE DELETE 21 TITLE D DELETE 21 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 22 NAME 23 STREET ADDRESS DITY-ST-ZIP DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE DELETE 34 CITY-ST-ZIP DELETE DELE	1			1.2 NAME	l Y	
DELETE   D	j i				010 1100F0111=	-
STREET ADDRESS 1626 ARCOT CR DELETE 11/1LE NAME STREET ADDRESS DITY-ST-ZIP 11/1LE DELETE DELETE 11/1LE ADDRESS CITY-ST-ZIP 11/1LE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP			DELETE			
STREET ADDRESS   1626 ARCOT CR		T	breeze		• *	Change Mudition
DELETE   PALM BAY FL 32905   2 4 CITY - ST-ZIP   PALM SQL   FL 32 QQQ   Addition					1 .	ED SE
TITLE	DITY-ST-ZIP	¥			Palm Bar FL	32909
STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   Change   Addition   Addit	TITLE		DELETE	3 1 THLE		Change Addition
DELETE	NAME			3.2 NAME		
TITLE         DELETE         4 1 TiTLE         Change         Addition           NAME         4 2 NAME         4 3 STREET ADDRESS         4 3 STREET ADDRESS         5 1 TITLE         Crange         Addition           NAME         5 2 NAME         5 2 NAME         5 3 STREET ADDRESS         5 3 STREET ADDRESS         5 3 STREET ADDRESS         5 4 CITY-ST-ZIP         <				3 3 STREET ADDRESS		
NAME			DELETE			00000
STREET ADDRESS   43 STREET ADDRESS     44 CITY - ST - ZIP			becele	9		Change Abdition
A   CITY - ST - ZIP				i		
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         5.3 STREET ADDRESS         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         5.4 CITY-ST-ZIP <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
STREET ADDRESS         5.3 STREET ADDRESS           CITY+ST-ZIP         5.4 CITY+ST-ZIP			DELETE			Change Addition
CITY-ST-ZIP 54 CITY-ST-ZIP	1 3			5 2 NAME		
				5 3 STREET ADDRESS		
NAME 62 NAME -08/12/9601032013	·····		The Ariese			
57 NAME			[ DELETE	1	ទស្លីកូស្លី19	1 B 34 3 ange L Addition
- SINECT ADDRESS   最後まずずっ 181	STREET ADDRESS			6 3 STREET ADDRESS	***552 BU	.uoc==013

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 Statue, 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 effects if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE WILD THEO OR PRINTED HAME OF SIGNATOR OFFICER OR DIRECTOR

64 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

(407) 786-1924