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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Saridra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000077210 (9)

ENDRIGAL PROPERTIES, INC.

Principal Place of Business	Majino Address		3. Date Incorporated or Qualified 3a. Date of Last Report 10/02/1995		
4302 POMPANO LANE PALMETTO FL 34221	4302 POMPANO LANE PALMETTO FL 34221				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	Applied For
21	26		65-0621579		Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State [23]	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country	Zin	Country	This correction has liability for interraible toy under a 100 000.		

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PERKINS, ELEANOR B 4302 POMPANO LANE PALMETTO FL 34221

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JUNERY	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes
T	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

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 agent, 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. I am familiar with, aggl accept the obligations of Section,607.0505, Florida Statutes.

	n, agn accept the obligations of Section,		5 .			
SIGNATURE ,	Bleanor Bferker Signaline, typical or printed manual of registered agent and t		OTE: Registered Agent signature required	when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THE	D	☐ DELETE	1 1 TITLE		Change Addition	_
NAME	PERKINS, ELEANOR B		12 NAME			
STREET ADDRESS	4302 POMPANO LANE		13 STREET ADDRESS			
CITY - S1 - ZIP	PALMETTO FL 34221		14 CiTY-ST-ZiP			
10°LF	D	☐ DELETE	2 1 TITLE		Change Addition	
NAME	van dyne, robert		2 2 NAME		 . _	
STREET ADDRESS	112 RIVER ISLES		2.3 STREET ADDRESS			
CIY ST-ZiP	BRADENTON FL 34208		2 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY+S1+2IP			3.4 CITY - ST - ZIP			
THLE	1.23	☐ DELETE	4. 1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	7000017	22022	
CITY-ST-ZIP			4.4 CITY - \$1 - 2IP	-03/06/960	1042006	
TIPLE		DELETE	5 1 TITLE	7000017 -03/06/960 ***200.00	Change Addition	_
NAMe			5 2 NAME	200100		
STHEET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5 4 CHTY - ST - ZIP			
THUE		☐ DELETE	6 1 TITLE		Change Addition	
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS		> 15	
Ci1 Y - S? - ZiP			6.4 CITY - ST - ZIP		- 812	

14. Ido hereby cert fy 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 oatly 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Bleanor BALLINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/96 941-745-3626