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

PROFIT CORPORATION

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	AL REPORT 996	Secretary DIVISION OF CO			
OCUM	IENT # P9500	00080688 (1)			
Corporation N	PION TRADING CORP.			CONTRACTOR OF STREET BALLS BALLS BALLS	agas saun 1818 nais 2018 nain 1818 1811 1861
00011					
rincipal Place o	of Business	Mailing Address			
400 HIGH POINT DRIVE STE 375 COCOA FL 32926 400 HIGH POINT DRIVE STE 375 COCOA FL 32926			STE 375		
				 Date Incorporated or Qualified 10/16/1995 	3a. Date of Last Report
District Disc	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Principal Plac	16 Ot Drizitiess	26		Applied For	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	8. This corporation has liability for	intangible tax under s 199.032,
	9. Name and Address of Curre	11	30]	10. Name and Address of New I	
	9. Name and Address of Corre	III negistered ngoin	81 Name		- -
HIGGIN	NS, EDWARD J III		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
400 HIGH POINT DRIVE STE 375			83		
COCO	A FL 32926		63		
	_		84 City	-	FL 85 Zip Code
or registere familiar wit	ed agent, or both, in the State of Fulth, and accept the obligations of. Set	ction 607.0505, Florida Statutes.	i by the corporation's bo	oration submits this statement for the privard of directors. Thereby accept the applications are the provided that the provided the pro	£ATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
ITLE	D THOOMS FOR A PORT IN	☐ DELETE	1 1 TILE		
IAME	HIGGINS, EDWARD J III 840 WAIKIKI DRIVE EAST		1.2 NAME 1.3 STREET ADURESS		
STREET ADDRESS	MERRITT ISLAND FL 329		1.4 City-St-ZiP		
CITY-ST-ZIP	MENNIT IODARD TE GEO	T] DELETE	2 1 1/11		Change Addition
TITLE			2.2 NAME		
NAME			23 STREET ADDRESS		
STREET ADDRESS			2 4 CITY - ST - ZIP		<u> </u>
CITY - ST - ZIP TITLE		DELETE	3.1 THE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4 CHTY-ST-ZIP		Change Addition
TITLE		DELETE	4 1 TillE		C Onlings C rooms
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - ZIP		- D DELEN	4.4 CiTY - ST - ZiP		☐ Change ☐ Additi
TITLE		☐ DELE3€	5 1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDR/SS		
CITY - \$1 - ZIP			5.4 CITY - ST - ZIP		Change Addit
OIT DI ZII		DELETE	6 1 TITLE		

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 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 convication 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 4/12/96

6.2 NAME

6.3 STREET ADDRESS

64 CITY - ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SHANING THE OR OR DELLA STATE OF SHANING THE OR OR OF SHANING THE OR OF S

407 631-5121 Daytine Phone #