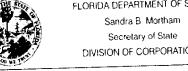
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  MOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.							
PROFIT	CH. PO.	FLORIDA DEPARTMENT OF STATE					
CORPORATION		Sandra B Mortham					
ANNUAL REPORT		Secretary of State					



CORPOR ANNUAL 19:							
DOCUME 1. Corporation Nan	NT # P95000	087443 (4)					
BAIL BON	D INFORMATION, INC.	_					
Principal Place of E	Rusiness	Mailing Address			i illetitlet tie teien eitti eetti ee		
2911 WEST 39TH ST #A  ORLANDO FL 32839  2911 WEST 39TH ST #A  ORLANDO FL 32839				Date Incorporated or Qualified	3a Date of L		
	1				11/13/1995	1 / 1/3/	Applied For
2. Principal Place	of Business 20th 5	2a. Mailing Address			4. FEI Number	>	Not Applicable
21 29 1 Suite, Apt #, et	West 311 2T	Suite Apt #, etc			5. Certificate of Status Desired		.75 Additional se Required
22 A		27			6. Election Campaign Financing		5.00 May Be
City & State		City & State			Trust Fund Contribution	1 1	dded to Fees
23 ()/ la	Country USA	28 Zip	Country		This corporation has liability for	iritang ble <b>M</b> x un	der s. 199.032.
210 3 3 8	39 Country Course		30		Finrida Stalutes L_	JYes <b>X</b> JNo	
24 500	9. Name and Address of Current I				10. Name and Address of New Re	gistered Agent	
	DNER, JOE VON		1 1	ame 			
9011	WEST 39TH ST., #A		<b>82</b> S	treet Addr	ess (P.O. Box Number is Not Acceptat	ale)	
ORL	ANDO FL 32839		83				
•			L 1			85	Zip Code
			1 1	City			L
11.*Pursuant to t office or regi agent. I am i	the provisions of Sections 607,05,02 istered agent, or both, in the State o familiar with, and accept the obligat	and 607.1508, Florida Statute f Florida Such change was au ions of, Section 607.0505, Flor	s, the above-na uthorized by the rida Statutes	med corp corporati	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of chang of the appointmen	nt as registered
1 _	gnature. Typied or printed hand of registered agent				and when remylability	DATE	
	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	Change Addition
12.	D	DELETE	11 TITLE	}			
NAME	WALDNER, JOE VON		1.2 NAMÉ	norce			
STREET ADDRESS	2911 WEST 39TH ST., #A		1 3 STREET AD	1			
CITY - ST - ZIP	ORLANDO FL 32839	DELETE	2.1 TITLE	-			Change Addition
TITLE			2.2 NAME	ł			ì
MAME EXPECT ADODESE			23 SIREET AL	DDRESS			
STREET ADDRESS  CITY-ST-ZIP			2 4 CITY - ST	ZIP			Change Addition
TITLE		DELETE	3 1 TITLE				
NAME			3 2 NAME 3 3 STREET A	nnpree			
STREET ADDRESS			34 CITY-SI				
CITY-ST-ZIP		DELETE	41 TITLE				Change Addition
TITLE		· <del></del>	4 2 NAME				
NAME STREET ADDRESS			43 STREET A	DDRESS			
CITY-ST-ZIP		T Deserve	4 4 CITY - ST	- ZIP			Change Addition
TITLE		DELETE	5 1 THILE 5 2 NAME	ļ			
NAME			53 STREET	ADDRESS			
STREET ADDRESS			5 4 CITY - ST	i			Change Addition
CITY-ST-ZIP		DELETE	6 1 TITLE		<del></del>		Change [] Addition
TITLE			6 2 NAME	Ì			
NAME STREET ADDRESS		/	63STREET	ADORESS			
STREET NOONEGG		·	6 4 CH1Y - S	I-ZIP	to the exemption stated in Section	on 119.07(3)(k).	Florida Statutes I

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 1 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 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 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 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 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 further certify that the information indicated on this further certify that the information indicated on this further same legal effect as if further certify that the information indicated in 19.07(3)(k). Florida Statutes I SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \_/

CR2E034 (3/96)

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