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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	Con at 18	DI
	DO TO COO	

DALINI I	FINANCIAL PRODUCTIONS of Business ution Boulevard. Unit 121	•		. UNIT 121				
					3. Date Incorporated or Qualified 12/13/1995	3a. Date	_	•
2. Principal Plac	ce of Business	2a. Mailing Address		······································	4. FEI Number	1,1,1,1,1		applied For
Suite, Apt. #.	Otc.	Suite, Apt. #, etc.			65-0626886			lot Applicable
22	, oic.	27			5. Certificate of Status Desired			Additional Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing		\$5.00	May Be
7.0		28			Trust Fund Contribution		_	to Fees
Ζιρ 24	Country 25	Zip 29	30 Cou	ntry	8. This corporation has liability for Florida Statutes	intangible tax : [⊈ No	under s	199.032,
=======================================	9. Name and Address of Curren		1301		10. Name and Address of New I	<u> </u>	gent	·
				81 Name 7	CICHARD GOUNAUD	`		
	FIFM OF LAWRENCE J SPIEG	el Chrtd		82 Street Addr	ess IP.O. Box Number is Not Acceptal	ye)	•	
	RIA AVENUE			2/00 83	CONSTITUTION B	LVD, C	MIT	121
CURAL G	ABLES FL 33134	/						
	4			SARA.	SOTA	FL	85 Zio	Code 12-3/
11. Pursuant to		and 607.1508, Florida Statute	es, the abo	us nomed corner	otion o should thin atalamant for the su-			
or registere familiar with		da. Such change was authorize on 60, 9505. Florida Statutes	ed by the o	corporation's boar	ation submits this statement for the pured of directors. I hereby accept the app	ointment as r	egistered	agent. I am
SIGNATURE /	WWW THE	was	-	YRESIDE	N†	4/19/9	6	
12.		and title if application (NO D DIRECTORS		Agent signature require:	1 when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICEDS AND I	DIDECTO	DC IN 12
TOLE	PSTD	DELETE	1.11	TLE	ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	GOUNAUD, RICHARD		1.2 N/			_		,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	2100 CONSTITUTION BOULEY	/ARD, UNIT 121	13 SI	REET ADDRESS				
CITY-S1-ZIP	SARASOTA FL 34231		1.4 C	TY-ST-ZIP				
TITLE		☐ DEFELE	2 1 T	TLE			Change	Addition
NAME			22 N					
STREET ADDRESS				REET ADDRESS		€.		
CITY-ST-ZIP		DELETE	2.4 Ci	TY-ST-ZIP			Change	Addition
NAME		L.J ocecit	3.2 N/				Change	L) vacition
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	4. 1 T	TLE			Change	Addition
NAME			4.2 N/	IME				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CHTY-ST-ZIP		FTOCKET		TY-ST-ZIP		<u>-</u> =		=
TITLE		☐ DELETE	5.17				Change	Addition
NAME			5.2 N/					
CITY-ST-ZIP				REET ADDRESS				
TITLE		☐ DELETE	6. 1 T	TY-ST-7IP TLE			Change	Addition
NAME			6.2 NA			<u></u>		
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			6.4 CI	TY-ST-21P				
 I do hereby certify that t 	certify that the information supplied when information indicated on this annual am an officer or director of the corpositions 12 or Block 12 or Block 13 if changed or c	with this filing is voluntarily furnual report or supplemental annual	ished and	does not qualify for	or the exemption stated in Section 119	.07(3)(k), Flori	da Statute	s. I further