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

COR ANNU	PROFIT PORATION AL REPORT 1996 MENT # P950	Sandra Secre	ARIMENT OF STATE. a B. Mortham tary of State F CORPORATIONS		
1. Corporation	Name PUTER FRIEND, INC.	. (=	,		
7. OOM	OTEN TIMENO, INC.				
Principal Place of Business Mailing Address 5522 NORTHEAST 60TH AVENUE 5522 NORTHEAST 60TH AVENUE WILDWOOD FL 34785 WILDWOOD FL 34785					i Bolil Derio Rolfo Bilau Bilau Grid Dida Lida
				 Date Incorporated or Qualified 12/21/1995 	3a. Date of Last Report
2. Principal Pla 21 552	ice of Business 7 NE 60 th A	2a. Mailing Address		4. FEI Number 65-063 98	67 Applied For
Suite, Apt. 4	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		Orty & State		Election Campaign Financing	Fee Required
	wood FL.	28]		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 343	285 Country 54	Ζφ 29	Gountry 30		or intangible tax under sli199.032, es
24]	9. Name and Address of Cur		81 Name >	10. Name and Address of New	
343 ALMI	Firm of Lawrence J SPII Eria avenue Iables FL 33134	egel Chrtd	82 Street Add 555 83 84 City W	DONNA J ENA ress (P.O. Box Number is Not Accept 22 NE 60+9 A	able)
11. Pursuant to or register familiar with SIGNATURE	o the provisions of Sections 607.0 ed agent, or both, in the State of F in and accept the objections of S	Iorida Such change was author: Section 607 0505, Florida Statute	tes, the above-named corpo zed by the corporation's boa s.	ird of directors. Thereby accept the ap	
12.	OFFICERS	AND DIRECTORS	13.		FFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.5 THEF		Change Addition
NAME STREET ADORESS	ENNIS, DONNA J 5522 NORTHEAST 60TH A	VENITE	1.2 NAME 1.3 STHEFT ADDRESS		
CITY ST-ZIP	WILDWOOD FL 34785	TLITOL	1.4 CFY-S1-7IP		
TITLE		☐ DELETE	2 1 THUE	and the second of the second o	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DECETE	2.4 CHY ST ZIP 3.1 TITLE		Change Addition
NAME		Decent	3.2 NAME		Controller Controller
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY+\$1-ZIP		
TITLE		DELETE	4 1 TITLE		Change 🔲 Addition
NAME			4.2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP		Channa C Addit
TITLE		DELETE	5 1 Title		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.3 STHEET ADDRESS		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		. ,
STREET ADDRESS			6.3 STREET ADDRESS		

63 STREET ADDRESS
64 CITY-ST-ZIP

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 119.97(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 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

| Construction of the corporation of the corpora

CR2E034 (12/95)