FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

ANNI	ANNUAL REPORT Secretary Division of CO		y of State	Secretary	of State
1. Corporatio	MENT # P96000 RODUCTS, INC.	0079609 (9)			
Principal Plac	e of Business	Mailing Address		14001(60) 140 OLIIO DIIKA 60701 ODAKA 60141 60414 60414	: Harra Orin Odina Idin 1881
4539 NORTHGATE CT SARASOTA FL 34234 US		4539 NORTHGATE CT SARASOTA FL 34234 US		DO NOT WRITE IN THIS S	PACE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a, Mailing Address		09/23/1996 4. FEI Number	Applied For
21		26		65-0698140	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has paid the curr	Added to Fees
24	25	·	30		Yes XNo
	9. Name and Address of Current			10. Name and Address of New Registered A	igent
Traynor, Henry			81 Name		
4337 EDENROSE WAY			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34235			63		
					·
			84 City	FL	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 office or 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, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Many Tro			4/27	198
12.	Signature, typod or printed name of registined again		Registered Agent signature requ	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITLE	·	Change Addition
NAME	TRAYNOR, DAN		1.2 NAME		-
STREET ADDRESS	4337 EDEDROSE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME PROFEST APPROVES	TRAYNOR, DAN 4337 EDENROSE WAY		2.2 NAME		
STREET ADDRESS CITY+ST-ZIP	SARASOTA FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
TITLE	VP	DELETE	3.1 TITLE		Change Addition
NAME	TRAYNOR, HENRY		3.2 NAME		
STREET ADDRESS	4337 EDEDROSE WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY - ST - ZIP		
TITLE	VP	DELETE	4.1 TITLE		Change Addition
NAME OTROTT LIBRORS	TRAYNOR, KURT		4. 2 NAME		
STREET ADDRESS	4337 EDENROSE WAY SARASOTA FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SALASOTA FE	DELETE	4.4 CITY-ST-ZIP 5.1 TIFLE		Change Addition
NAME		-	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		·· 	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

May 08 1998 8:00am