COF ANNU	PROFIT RPORATION JAL REPORT 1996	Sand Sed	PARTMENT OF STATE dra B. Mortham retary of State OF CORPORATIONS		
DOCUMENT # \$37867 (6)					
l '	L ACQUISITION & DEVEL	OPMENT, INC.			
Principal Place of Business 1290 N PALM AVE		Mailing Address	Mailing Address 1290 N PLAM AVE		in 1001 0101 01011 01011 01011 01011 01011 01011 1001
SUITE 19 SARASOTA FL 34236		SUITE 19 SARAWSOTA FL 34236		*	
US	1 6 04200	US US	230	3. Date Incorporated or Qualified 03/14/1991	3a. Date of Last Report 05/01/1995
<del></del>	ace of Business	2a. Mailing Address		4. FEI Number	
Suite, Apt.	#, etc	<b>26</b>   Suite, Apt. #. etc.		65-0249500	Not Applicable  \$8.75 Additional
City & State	3	City & State		5. Certificate of Status Desired	Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	7 <sub>(p)</sub>	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, s. : No
	9. Name and Address of Cur	rent Registered Agent	B1 Name	10. Name and Address of New	
BODIN,	DON J.			ress (P.O. Box Number is Not Accepta	la la l
1290 N PALM AVE SUITE 19			83	ress (F.O. Box Number is Not Accepta	biej
	OTA FL 34236				
44 D	10		84 City		FL 85 Zip Code
or registere	o the provisions of Sections 607.0° ed agent, or both, in the State of F h, and accept the obligations of, S	ionual ouch change was autho	izea ev me comoralion s boa	ration submits this statement for the purid of directors. Thereby accept the app	rpose of changing its registered office pointment as registered agent. I am
SIGNATURE.			TOTE Rigidi on April signature require		
12.	Signature, typed or perceal name of registrad a OFFICERS	AND DIRECTORS	TSE Bigoti en Agent signature require  13.	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12
TITLE NAME	DPS BODIN, DON J.	☐ DELETE	1 1300£ 12 NAME		☐ Change ☐ Addition
STREET ADDRESS	1290 N PALM AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	SARASOTA FL		14 CHY+ST-ZIP		
NAME		☐ DEFELE	2 : TITLE 2 2 NAME		Change 🔲 Addition
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - \$1 - ZIP		P-19
NAME		C DEFEIR	3 1 TIFLE 3 2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CHTY - \$1 - 7 IP		
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NAME			4 3 STREET ADDRESS		
STREET ADDRESS			4 4 C-TY - ST - Z-P		
STREET ADDRESS CITY-ST-ZIP					F1 () F1 (/////
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STREET ADDRESS CITY-ST-ZIP		☐ DELFTE	5 ≥ NAME		☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 C-TY - ST - ZIP		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. + do hereby certify that		DELETS  d with this filing is voluntarily furnational or supplemental and	5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 C-TY-ST-ZIP mished and does not qualify for	or the exemption stated in Section 119	☐ Change ☐ Addition  O7(3)(k), Florida Statutes I further
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14.   do hereby certify that oath, that I		DELETE  d with this filing is voluntarily ful must report or supplemental an poration or the receiver or trust	5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 C-TY-ST-ZIP Thisheb and does not qualify formular report is true and accurate provide the presented to execute this	te and that my signature shall have the s report as required by Chapter 607, Fi	Change Addition  O7(3)(k), Florida Statutes I further same legal effect as if made under prida Statutes; and that my name
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that oath, that I	am an officer or director of the cor Block 12 or Block 13 if changed, c	DELETE  d with this filing is voluntarily ful must report or supplemental an poration or the receiver or trust	5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 C-TY-ST-ZIP Thisheb and does not qualify formular report is true and accurate provide the presented to execute this	te and that my signature shall have the s report as required by Chapter 607, Fi	☐ Change ☐ Addition  O7(3)(k), Florida Statutes, I further