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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

S62138

(0)

BIEGLER, INC.

Principal Place of Business

Mailing Address

2a, Mailing Address

City & State

 $Z_{\rm IP}$

Suite, Apt. #, etc.

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g. Name and Address of Current Registered Agent

12701 GUILFORD CIRCLE WELLINGTON FL 33414

2. Principal Place of Business

BIEGLER, WILLIAM G

12701 GUILFORD CIRCLE **WELLINGTON FL 33414**

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Suite, Apt. #, etc

City & State

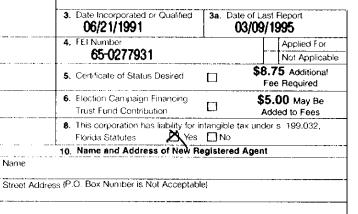
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12701 GUILFORD CIRCLE WELLINGTON FL 33414



84 City 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.

8.

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Signature, typed or profed herrie of registered agent and life if applicable (NOT). Falgistered Agent signature required when reast their TIATE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE Addition ☐ Change BIEGLER, WILLIAM G. NAME 1.2 NAME 12701 GUILFORD CIR. STREET ADDRESS 1.3 STREET ADDRESS WELLINGTON FL CITY - ST - ZIP 1.4 CITY - 3T - ZIP DELETE TITLE 2 1 TITLE ☐ Change Addition BIEGLER, INGRID E. NAME 2.2 NAME 12701 GUILFORD CIRL STREET ADDRESS 2.3 STREET ADDRESS WELLINGTON FL CITY - ST-2IP 2.4 CITY + 31 - ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STRE LADDRESS CITY - ST - ZIP 3.4 CITY - 31 - ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST. ZiP DELETE TITLE 5 1 DILE Change ☐ Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - 31 - ZIP DELETE TITLE 6 1 THILE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CiTY - ST - ZIP

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and do is not qualify for the exemption stated in Section 119.07(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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Grapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed an attachment with an address

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)