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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Suite, Apil, #, etc.   25   Suite, Apil, #, etc.   5. Certoficate of Status Desired   S.75 Addition F.0 Register Corp.   27   Suite   28   Suite	1996	Co. N. TEE	Secre DIVISION O	F CORPORA	ATIONS			
SZPD BABCOCK ST NE	Corporation Name		(1)					
SZP) BABCOOK ST NE	THE DULAR, INC	•				 	Bita 1101 Bidir Bidir disa	) <b>Glā</b> li <b>G</b> lāli Zagal s
SZPD BABCOOK ST NE	cipal Place of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·				
UNIT 36			<del>-</del>	AIF			ann man didii didii Bidi	• ••••• •••• • • • • • • • • • • • • • •
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22	PALM BAT FL 32905		PALM BAY FL 32900	5		9 Date Incorporated or Ought ad	Ta 5	
25								
Solition   Appl. 8, etc.   27	Pincipal Place of Business	F1	. Mailing Address			4. FEI Number	1 04/21	Applied For
27	Suite, Apt. #, etc.	26	Suite Ant # etc		···	59-3100919		Not Applicat
Country   28   Country   29   29   20   Country   8. This corporation in selecting for interrigible tax under \$190.032, 29   30   10   Name and Address of Current Registered Agent   10   Name and Address of New Registered Agent   10   Name and Address   10   Name and	=	27	00 to 7 \$21. 11, 010.			5. Certificate of Status Desired		
PROVENZANO, CAROL UNIT 38   29   30   8. This corporation has bability for transplate tax under \$ 199.002, Florida Statutes   10. Name and Address of Current Registered Agent   10. Name and Address of New Regist	lity & State		Orty & State			6. Election Campaign Financing		
Second   S			-		···		□ <b>35</b> .	OU May Be
PROVENZANO, CAROL UNIT 36 5270 BABCOCK ST NE PALM BAY FL 32905  Fursional to the provisions of Sections 607,0000 and 607,1508   Declarate, the above named corporation submits this statement for the purpose of changing its registered agent. I additional accept the objections of Sections 607,0000 and 607,1508   Declarate, the above named corporation submits this statement for the purpose of changing its registered agent. I additional accept the objections of Sections 607,0000 and 607,1508   Declarate, the above named corporation submits this statement for the purpose of changing its registered agent. I additional accept the objections of Section 607,0000 and 607,1508   Declarate agent and the provisions of Section 607,0000 and 607,1508   Declarate agent and the provisions of Section 607,0000 and 607,1508   Declarate agent and the provisions of Section 607,0000 and 607,1508   Declarate agent agent agent and the provisions of Section 607,0000 agent a	F₁	·	ZIP	<u> </u>	lry	8. This corporation has liability for	intangible tax under	s 199.032,
PROVENZANO, CAROL UNIT 36 5270 BABCOCK ST NE PALM BAY FL 32905  Pursuant to the provisions of Sections 607.0000 and 607.1500. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change were antifered agent, or both, in the State of Florids. Such change were antifered agent, or both, in the State of Florids. Such change were antifered agent, or both, in the State of Florids. Such change were antifered agent, or both, in the State of Florids. Such change were antifered agent, or both, in the State of Florids. Such change were antifered agent. I as a such accept the obligations of, Section 607.0505, Florids Statutes.  NATURE  OFFICERS AND DIRECTORS  PATH REPORT AND CAROL  14.001455  PROVENZANO, CAROL  5270 BABCOCK ST NE #36  PALM BAY FL 32905  DELETE  1 THE  2 NAME  3 STREEL ADDRESS  1.4 COTY ST JP  OFFICERS AND DIRECTORS N 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12  Change Additional Company A	9, Name and A	Address of Current Regis	stered Agent	30		Florida Statutes Yes	□No	
UNIT 36 5270 BABCOCK ST NE PALM BAY FL 32905  Possible of Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hareby accept the appointment as registered agent, for the chigations of, Section 607,0002, Florida Statutes.  ANUTE  Provide the chigations of, Section 607,0002, and 807,1508, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I accept the obligations of, Section 607,0003, Florida Statutes.  ANUTE  Provide the chigations of, Section 607,0003, Florida Statutes.  Provide the appointment as registered agent. I accept the appointment as registered agent. I accept the chigations of Section 607,0003, Florida Statutes.  Provide the chigations of the chigations of Section 607,0003, Florida Statutes.  Provide the chigations of Section 607,0003, Florida Statutes.  Provide the chigations of Section 607,0003, Florida Statutes.  Provide the chigations of the chigations of Section 607,0003, Florida Statutes.  Provide the chigations of Section 607,0003, Florida Statutes.  Provide the chigations of the chigations of Section 607,0003, Florida Statutes.  Provide the chigation of Section 607,0003, Florida Statutes.  Provide the chigation of Section 607,0003, Florida Statutes.  Provide the chigation of Section 607,0003, Florida Sta				ε	1 Name	TO, THAT BIT ACTIONS OF NOW P	egistered Agent	· · · · · · · · · · · · · · · · · · ·
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do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 the same legal offect as if made under the same legal of the same legal offect as if made under the same legal of the same legal	ATURE  Signature, bysed or printed  VSTD PROVENZAL 5270 BABC PALM BAY  ADDRESS 1-2IP  ADDRESS 1-2IP  ADDRESS 1-2IP  ADDRESS 1-2IP	OFFICERS AND DIRECTOR OF CAROL  OCK ST NE #36	DELETE  DELETE  DELETE  DELETE	18 Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY 2.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREE 5.4 CITY 6.5 TITLE 6.2 NAME	IT ADDRESS ST-ZIP	ed wher reinstating)	CERS AND DIRECT Change Change Change	ORS IN 12 Addition Addition Addition Addition

SIGNATURE:

HONATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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