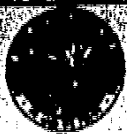


**PROFIT
CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:47

DOCUMENT # V04536 (1)

1. Corporation Name

INLAND SHIELD ENTERPRISES, INC.

Principal Place of Business

3101 GREAT OAKS BLVD.
SUITE 865
KISSIMEE FL 34744
US

Mailing Address

3101 GREAT OAKS BLVD.
SUITE 865
KISSIMEE FL 34744
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/07/1992

3a. Date of Last Report
05/01/1994

4. FIC Number
59-3103244

Applied For
First Application

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Tax to be paid (single filers only)
Trust filers - ☐

**\$5.00 May Be
Added to Fees**

7. This corporation has adopted the Uniform Commercial Code (UCC) ☐ Yes ☒ No

2. Principal Place of Business

21. State Apt. # etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State Apt. # etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**MARKS, ROBERT O.
200 E. ROBINSON STREET, #865
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03. City

04. State

FL

05. Zip Code

11. Pursuant to the provisions of Sections 607.04(1) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a 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 understand the obligations of the new agent under the Florida Statutes.

SIGNATURE

Signature of the person who is registered agent and the corporation

Signature of the person who is registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

01. NAME	PS HIATT, THERESA S
02. STREET ADDRESS	3101 GREAT OAKS BLVD
03. CITY	KISS FL
04. NAME	
05. STREET ADDRESS	
06. CITY	
07. NAME	
08. STREET ADDRESS	
09. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	
16. NAME	
17. STREET ADDRESS	
18. CITY	
19. NAME	
20. STREET ADDRESS	
21. CITY	

01. NAME	☐ Change ☐ Addition
02. NAME	
03. NAME	
04. NAME	
05. NAME	
06. NAME	
07. NAME	
08. NAME	
09. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	
21. NAME	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in law 1995/0006, Florida Statutes. Further, I certify that this information is true and accurate and that the corporation shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in this report. If I have had a change of name or office, I have indicated this with an addition.

SIGNATURE:

Theresa S Hiatt

Theresa S Hiatt

6/20/95

315-8795

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR