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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000006121 (5)
1. Corporation Name
LIMITED X, INC.



Principal Place of Business: P.O. BOX 3556 SEMINOLE FL 34645
Mailing Address: P.O. BOX 3556 SEMINOLE FL 33775-3556

3. Date Incorporated or Qualified: 11/26/1996
3a. Date of Last Report

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
City & State (22-23)
Zip (24)
Country (25)

4. FEI Number: 59 342 0111
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
EVANS, DEBORAH S
8837 TAMI ST.
SEMINOLE FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Deborah S. Evans* DATE: 5/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, RONALD	1.2 NAME	Denrus Sempebwa
STREET ADDRESS	8837 TAM ST.	1.3 STREET ADDRESS	P.O. Box 3556
CITY-ST-ZIP	SEMINOLE FL 33772	1.4 CITY-ST-ZIP	Seminole FL 33775 N/A
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, SPENCER	2.2 NAME	Isaac Rucibigango
STREET ADDRESS	381 SIMS LANE	2.3 STREET ADDRESS	P.O. Box 3556
CITY-ST-ZIP	FRANKLIN TN 37084	2.4 CITY-ST-ZIP	Seminole FL 33775 N/A
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary / Vice President S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, PHILLIP	3.2 NAME	Paul Mudebi
STREET ADDRESS	16429 SUPERIOR ST.	3.3 STREET ADDRESS	P.O. Box 3556
CITY-ST-ZIP	NORTH HILLS CA 91343	3.4 CITY-ST-ZIP	Seminole FL 33775 N/A
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Deborah S. Evans
STREET ADDRESS		4.3 STREET ADDRESS	8837 Tami St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Seminole FL 33772
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or by an attachment with an address.

SIGNATURE: *Ronald Evans* DATE: 4/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)