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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	6			ecretary of State NOF CORPORATIONS			
. Corporatio	n name	# 217		(2)				
Dutania et Diana								
Principal Place			М	failing Address		a neggan tiben bibit elitik ütiki ifili	i angu munuk manu manu man	li 01011 01011 1501
16401 LAKE ODESSA FL	CHURCH RD 33556			16401 LAKE CHURK				
***			•	ODESSA FL 33556				
						3. Date Incorporated or Qualified	3a. Date of Last	•
	ace of Busines	3	2a.	Mailing Address		11/28/1958 4. FEI Number	05/01/19	
21			26	P.O. Box	943	59-0846680	<u> </u>	Applied For Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>58.7</b>	5 Additional
City & State			27	Chi. e Chala			1 1	Required
23	,		28	City & State <b>Tampa, FI</b>	r	Election Campaign Financing     Trust Fund Contribution		00 May Be
Zip		Country		Zip	Country		Adol	ed to Fees
24	25		29	33601	30 Hillsborough	B. This corporation has liability for it     Florida Statutes      X Yes	intangible tax under s No	199.032,
	9. Name ar	d Address of C	Current Regis	tered Agent		10. Name and Address of New R		
THOMBO					81 Name	ce R. Flaws		
	SON,ADNA L				82 Street Addr	ess (P.O. Box Number is Not Acceptabler an Ct	le)	<del></del>
	AKE CHURCI I FL 33556	1 HUAD			702 Cu	rran Ct		
UULOOP	FL 33330				63			
05200,					I			
00200					84 City		<b>=- 85</b> Z	in Code
11. Pursuant t	o the provisions	of Sections 607	.0502 and 607	7.1508, Florida Stal	Brando		FL    3:	ip Code 3511
11. Pursuant t	o the provisions ed agent, or bo h. and accept t	s of Sections 607 th, in the State o he obligations of	'.0502 and 607 f Florida, Such Section 607.0	7.1508, Florida Stal change was autho 1505, Florida Statut	Brando itutes, the above named corpora		FL    3:	3511
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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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jawrence R. Flave Lawrence R. Flave SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(813) 223-2711

Date Daytime Phone #