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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 368731

(6)

BRACKINS & COMPANY

FILED
Apr 24 1997 8:00am
Secretary of State

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| P O BOX 10022 TAMPA FL 33678 | TAN | P O BOX 10022 TAMPA FL 33679-0022 | | | | | | | |
| us | US | | | | | 3. Date Incorporated or Qualified 08/24/1970 | | te of Last I 4/1996 | Report |
| 2. Principal Place of Business | 2a. | Mailing Address | , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 4. FEI Number | | A | pplied For |
| 21 | 26 | | | | | 59-1306628 | | | lot Applicab |
| Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional Required |
| City & State | | City & State | *************************************** | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | 28 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Trust Fund Contribution | | Added | to Fees |
| Zip Country | | Zip | Counti | У | | 8. This corporation has liability for i | | | s. 199.032, |
| 9, Neme and Address | of Current Regis | tered Agent | 30 | | | Florida Statutes 10. Name and Address of New Reg | | No | |
| BRACKINS, RICHARD C. | o. o | | 81 | l Na | ime | ,,, | | | |
| 4109 ZELAR AVE | | | 8: | 3 6 | + A el el - | (D.O. Double where in New Assessment | lo\ | | |
| TAMPA FL 33609 | | | ** | 51 | reet Addre | ess (P.O. Box Number is Not Acceptab | ile) | | |
| | | | 83 | 3 | | | | | |
| | | | 84 | 1 Ci | ty | \$ | | 8 5 Zip | Code |
| 11. Pursuant to the previsions of Sections | | | | | | | <u>FL</u> | - | |
| SIGNATURE Signative based or product name of the state of | registered agent and title ICERS AND DIREC | TORS | OTE: Registered A | gent sig | nature require | d when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE CERS AND | | |
| TITLE P | | DELETE | 1.1 TITLE | | 1 | | | Change | Additi |
| NAME BRACKINS, RICHARD I | Ü. | | 1.2 NAME | | | | | | |
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| CITY-ST/1P TAMPA FL | Kennett lar s PL 33 | DELETE DELETE | 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY | ST-ZIP T ADDF - ST-ZII | ESS | | | • | |
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a rownwarp centry that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cert by 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 justee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, of on any attachaptent with a faddress.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 411417) Date Dayline

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