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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 701296

(6)

3900 COMMONWEALTH BLVD 3900 COMMONWEALTH BLVD	
	. OFBER BIDIE OIDIS BEBIE FOBT
MS 600. 743C MS 600. 743C TALLAHASSEE FL 32399 TALLAHASSEE FL 32399	
	e of Last Report 07/10/1995
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-6140262	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. MS 650, Room 753B 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax 24 29 30 Florida Statutes Yes 🖒 N	under s. 199.032, lo
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	jent
KIDD CHECODO C	
KIDD, CLIFFORD S 3900 COMMONWEALTH BLVD 82 Street Address (P.O. Box Number is Not Acceptable)	
MS 605	——————————————————————————————————————
TALLA. FL 32399	85 Zip Code
FL:	\ <u></u>
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 change or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appropriate as re-	ging its registered office igistered agent. I am
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14. I 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 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 on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Clifford S. Kidd 4/23/96

FILED

Apr 29, 1996 08:00 AM

Secretary of State

904/488-5600 x41

Daytima Phone #

CR2E037 (12/95)