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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jan 29, 1999 8:00am **Secretary of State**

	1999	DIVISION OF C	ORPORATIONS	01-29-1999 90041 025 ****61	.25	
	MENT # 729896			01 25 1555 50011 025	.20	
1. Corporation		TEDANO FOR POREIO				
	WOOD POST NO. 10178, VE		NW.			
ANS U	F THE UNITED STATES, INC.	· E				
Principal Plac	ce of Business	Mailing Address				
550 MCCALL	•	550 MCCALL RD		4 (CO3)(200(0)(C)O (B)(0 (0)(0)B)(0 (B)	I 111 11 1111 1111 1111 1111 111	EN BIBN 1881
ENGLEWOOD		ENGLEWOOD FL 34223				
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2. Principal F	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		
21		26		06/10/1974		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		4. FEI Number 52-1664051	·	plied For
City & Sta	to	City & State		32-1004031		t Applicable
23		28		5. Certificate of Status Desired	\$8.75 A	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00	
24	25	29	30	Trust Fund Contribution	Added t	
· ·	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent	
			81 Name			
WILLIAMS, FRED S. 10265 REIMS AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	•	
FNGI FW	EIMS AVENUE OOD FL 34224		83			
LINGLETT	000 TE 04224		94 09			
Charles and		entre services	84 City	I was a boundary walk of the	FL 85 Zip C	200 0
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statutes	s, the above-named con	poration submits this statement for the pure	ose of changing its	registered
office or i	registered agent or both in the State of	Florida, Such channe was auf	horized by the comorati	on's board of directors. I hereby accept the	annointment as rec	nistered
office or i	am familiar with and accept the obligation	ons of, Section 617.0503, Flori	thorized by the corporati da Statutes.	poration submits this statement for the purpon's board of directors. I hereby accept the	appointment as rec	gistered
SIGNATURE	am familiar with, and accept the obligation	ons of, Section 617.0503, Florida Fred S	da Statutes.	Quarkomenter 1/1	appointment as rec	gistered (1)
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SIGNATURE	Signature, typed or printed name of registered agent in CMD KELCHNER, EARL M	ons of, Section 617.0503, Floridation of Section 617.0503, Floridation 617.05	da Statutes. (1) (1) (2) (3) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	ADDITIONS/CHANGES TO OFFICE	2/99 PATE PRS AND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent of CMD KELCHNER, EARL M 901 BOUNDRY RD N ENGLEWOOD FL	ons of, Section 617.0503, Florid Fred 5. and title if applicable. (NOTE: P. DIRECTORS	da Statutes. Registered Agent signature requin 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	2/9 9 RS AND DIRECTO	RS IN 12
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14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED Carl Kelleding 1-12-29 (94) 425 494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description Phone #