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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

2. Principal Pince of Business 2. Mailing Address 4. FEI Number 59-2036500 April 4. FEI Numbe		MENT # 74304 Oulevard association,	• • •		L ORDINE ROBER GIRLOR SHEET SHEET SHEET	(U) BIRNI	
7700 STARKEY RD.N. SEMINOLE FL 33777-4349 2. Principal Placo of Business 2. Amiling Address 2. Amiling A							
SEMMOLE FI. 34847 SEMMOLE FI. 34771-4349 2. Principal Piace of Business 2. A Mailing Address 2. Principal Piace of Business 2. A Mailing Address 2. Principal Piace of Business 2. A FET Number 3. Date incorporated or Qualified O/2/14/1998 CV/14/1998 4. FET Number 5. Country Apple of Co	Principal Plac	e of Business	Mailing Address			1)1 4:00 8:18, 8:18:1 8:20:1 8:24; 8:05; 8:40; 8:41; 100;	
2. Principal Place of Business					ł		
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Zip Country Zip Country Zip Country R. This corporation has labellity for irlangible tax under s. 199. Point Statistics Vis No.	·	-	<u>}</u> -, '		· -		
8. Name and Address of Current Registered Agent LIBERTE MANAGEMENT GROUP OPI INC 10845 IST EAST TREASURE ISLAND FL 33706 13. Street Address (P.O. Box Number is Not Acceptable) 14. City FL 85 Zip Code 15. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent of 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 and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature Registered Agent of the purpose of changing its registered agent agent and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature Registered Agent of the purpose of changing its registered agent agent and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature Registered Agent agent and obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature Registered Agent agent and statutes. OKPI Engilitered Agent agent and organized agent and sine if applicable. OKPI Engilitered Agent algoritors submits this statement for the purpose of changing its registered agent and statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent and statutes. The application of the purpose of changing its registered agent and statutes. The application of the purpose of changing its registered Agent agent and of directors. I hereby accept the purpose of changing its registered Agent agent and of corporation's board of directors. I hereby accept the appointment as registered Agent agent and of changing its registered Agent agent agent and of changing its registered Agent agent age		Country		Country	8. This corporation has liable	ility for intangible tax under s. 199.032,	
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11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registroid agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, by the corporation's board of directors. I hereby accept the appointment as registered agent. In the submit and the purpose of changing its registered agent. In the State of Florids. Such change is registered agent. In the submit and accept the obligations of, Section 617 5050, Florids State agent. In the State of Florids. State agent. In the submit all the corporation authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the submit and the corporation authorized by accept the corporation authorized by accept the corporation accept the corporation accept the corpo				BI NE	ame		
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6.4 CITY - ST - ZIP 6.4 CITY-51-ZIP SEMINOLE FL

14. I do hereby certify that the information supplied with this filling 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

SIGNATURE:

Marol Raimann

FILED

May 16 1997 8:00am

Secretary of State