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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

inc pal Plac	RDEN & SON, INC.	Mailing A			······································				
5 N.W. 16TI AMI FL 3312			5 N.W. 16TH AVE. AMI FL 33125-4611			•			
3		US				3. Date Incorporated or Qualified	3a. Date	o of Laci	l Donort
						05/04/1982		1/1996	•
Principal P	Principal Plane of Business		g Address		· ··	4. FEI Number	1 04/1		Applied For
			*			59-2420876		—	Not Applicable
Suite Apt # et/:		Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	U	City & 28	State			Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Z4)	Country 25	Ζιρ 29		Count	ry	6. This corporation has liability for Florida Statutes	intangible ta		r s. 199.032,
	9. Name and Address of Cur	rent Registered A	gent			10, Name and Address of New Re	gistered A	gent	
	ONALD, JOHN KIRK, P.A. MINORCA AVENUE			8:	Name	dece (O.O. Dec. M. entre la Net Accordat	ela)		
	IAL GABLES FL 33134			8		dress (P.O. Box Number is Not Acceptate)ie)		
					<u> </u>		711 7		
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, Pursuant	to the provisions of Sections 607 (0502 and 607.1608	3. Florida Statu	1	City ve-named co	rporation submits this statement for the p	FL ourpose of c	[]	ip Code g its registered
				ites, the abo authorized t lorida Statuti	ve-named co by the corpor es.	rporation submits this statement for the pation's board of directors. I hereby acceptions when reinstating		[]	•
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14. I do hereby certily 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 is true and accurate and that my signature shall have the same legal effect as if made under each; that I arm 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 or an attachment with an address.

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

61 TITLE

6 2 NAME

DELETE

SIGNATURE:

STREET ADDRESS CITY: \$1-Zir

STREET ADDRESS

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NAM:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.R. Borden, Pres. 3/11/97 642-782

FILED

Mar 17 1997 8:00am

Secretary of State

Daylimic Phone #

Change .

Addition