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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G35046

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90202 039 ***150.00

1. Corporation	n Name										
FARAH'S	S. INC.	The terminal									
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Principal Place				•							
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GAINESVILLE F	-L 32601		GAI	INESAILLE LE 35001				DO NOT WRIT	E IN THIS	SPACE	13
								3. Date Incorporated or Qualifed			
			í	- 1 .				04/20/1983			
6 Date - 1 D	N of Directors		1 22	, Mailing Address				4. FEI Number		Apr	lied For
· ·	Place of Business		<u> </u>	, Maning Address				59-2295839		— i ———————————————————————————————————	Applicable
21			26	Suite, Apt. #, etc.				39 2293009		\$8.75 A	
Suite, Apt.	#, etc.		\vdash	Suite, Apr. #, etc.				5. Certifcate of Status Desired		Fee Rec	
22			27	O't . S Ct-t-							`
City & Staț	te		├ ¬	City & State				6. Election Campaign Financing		\$5.00 M Added to	
23			28					Trust Fund Contribution			rees
Zip		Country	Ь	Zip	Cou	ntry		8. This corporation owes the curre	int year In		□No
24	25		29		30			Personal Property Tax.			_140
	9. Name and	Address of Curren	t Regis	tered Agent				10. Name and Address of New R	egisterea	Agent	
540	ALL MICH ID					81	Name				
	IAH, NICK, JR.					82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)	ALV-2 ALV-1	
	0 W. UNIVERSIT							•	3		
GAII	nesville fl 320	601				83					
							•			105 75-0	
						84	City		FL	85 Zip C	ode (
44 Dissertant	to the provisions of	of Continue ED7 050	2 and 6	07 1508 Florida Statu	es the a	<u>l </u>	-named com-	oration submits this statement for the	numose of	changing its r	registered
office or a	ranistarad anant n	rhoth in the State	ot Hiono	la. Such change was a Section 607.0505, Flo	iutnorized	ו עם נ	ine corporatio	on's board of directors. I hereby accep	t the appo	ntment as reg	istered
SIGNATURE											1
SIGNATURE	Signature, typed or print	ed name of registered agen	t and title i	f applicable. (NOTI	: Registered	Agent	signature required	d when reinstating)	DATE		
12.		OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFF	ICERS A		
TITLE	PSD			☐ DELETE	1.1 TI	TLE				Change	☐ Addition ☐
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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 607, 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: