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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H89923

(7)

GLICKMAN, WITTERS & MARELL, P.A.

FILED
Apr 09 1997 8:00am
Secretary of State

Principal Plac	e of Business	Mailing Address			- I HOUSELL BEEN HOWIN INVESTIGATION HEAGE LEW IN	ION ONN DISK BIRK BIRK		
% GARRY M. GLICKMAN THE CENTURION-1601 FORUM PL STE. 1101 WEST PALM BEACH FL 33401		THE CENTURION-1801 F	% GARRY M. GLICKMAN THE CENTURION-1801 FORUM PL STE. 1101 WEST PALM BEACH FL 33401					
					3. Date Incorporated or Qualified 12/16/1985	3a. Date of Last 01/24/1996	Report	
—, '	lace of Business	2a. Mailing Address			4. FEI Number	F	Applied For	
21		26			59-2609182		lot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & Stati	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Z _I p 24	Country 25	Z ₁ p	Country 30		8. This corporation has liability for in Florida Statutes	ntangible tax under	s. 199.032,	
	9. Name and Address of Curre				10. Name and Address of New Reg			
GLIC	KMAN, GARRY M.		81 N	ame				
	CENTURION-1601 FORUM PL	STE. 1101	82 S	root Addro	ess (P.O. Box Number is Not Acceptabl	(a)		
	T PALM BEACH FL 33401		02 3	Ireel Muure	ess (F.O. Box Number is Not Acceptable	ie)		
			83			·		
			84 6	16 .				
			84 C	ity		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.08	502 and 607.1508, Florida Sta	tules, the above-na	med corpo	oration submits this statement for the pu on's board of directors. I hereby accept		its registered	
office or r	registered agent, or both, in the Sta	ile of Florida. Such change wa	as authorized by the	o corporation	on's board of directors. I hereby accept	t the appointment a	s registered	
agent. Fa	im tarrillar wiin. and accept the boll	ligations of Section 607.0505.	riorda Statutes.					
	іті татнііат мілі, and accept ine ooi	igations of, Section 607.0505,	rionda Statutes.					
SIGNATURE.	Signature typed or printed name of registered a		NOTE: Registered Agent si			DATE		
SIGNATURE.	Signature Typed or printed name of registered a OFFICERS A	agent and trie if applicable (f				DATE	DRS IN 12	
SIGNATURE.	Signature typed or printed name of registere. I a OFFICE.RS A DST	agent and trie if applicable (f	NOTE: Registered Agent si		ed when reinstating)	DATE		
SIGNATURE. 12. TILE	Signature Typed or printed name of registered a OFFICERS A DST GLICKMAN, GARRY M.	agent and trie if applicable (f	NOTE: Registered Agent at		ed when reinstating)	DATE ERS AND DIRECTO		
SIGNATURE. 12. TILE NAME	OFFICERS A OST GLICKMAN, GARRY M. 1601 FORUM PLACE	agent and trie if applicable (f	NOTE Registered Agent & 13.	gnature require	ed when reinstating)	DATE ERS AND DIRECTO		
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