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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J15381

(3)

FILED May 16 1997 8:00am Secretary of State

Principal Place of Business 1162 WESTWOOD DR LUTZ FL 33549 11. Corporation Name Mailing Address 11. Mailing Address 11. WESTWOOD DR LUTZ FL 33549 LUTZ FL 33549 LUTZ FL 33549 LUTZ FL 33549										
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Suite, Apt.	# ptc	26 Suite A	pt. #, etc.		······	28	2679525			lot Applicable Additional
2	r, 0.00	27	pt. #, 0 10.			5. Certif	cate of Status Desired			beniupai
City & State	0	City & S	tate			6. Election	on Campaign Financing		\$5.00) May Be
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Ζφ 4]	Country 25	Zip		Counti	ıy		corporation has liability fo a Statutes	r intangible Yes		s. 199.032,
<u> </u>	9. Name and Address of Curi		ent	1301			and Address of New F			/**!
VIE	NS, GARY			8	1 Name	······································			· · · · · · · · · · · · · · · · · · ·	
	2 WESTWOOD DR			8:	2 Street Add	ress (P.O. Bo	x Number is Not Accept	able)		
LUT	Z FL 33549									···
				8:	3					
				8	4 City	····	······································	FI	85 Zip	Code
office or r	egistered agent, or both, in the Sta	ate of Florida Such	Florida Statu change was	tes, the abo authorized t	we-named cor by the corpora	poration subr ition's board o	nits this statement for the of directors. I hereby acc	ept the app	ointment a	s registered
SIGNATURE.	to the provisions of Sections 607 C egistered agent, or both, in the Sta m familiar with, and accept the ob Signature, typica or printed name of registered	i agent and title if applicable		TE: Registered A	we-named corporal by the corporal es.	ilred when reinstat	ro)	DATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable	· (NO	TE: Registered A	gent signature requ	ilred when reinstat		DATE	DIRECTO	RS IN 12
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4. I do hereby certify that the information supplied with this filing does not quality 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.

SIGNATURE

NATURANTIPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4-28-97 Oayline

7 08 97/877