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PROFIT CORPORATION ANNUAL REPORT

1997

L. LISA BATTS, P.A.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K27970

(8)

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business 55 E OSCEOLA STR STE 100 STUART FL 34994 US		55 E 03 87E 100	Mailing Address 55 E OSCEOLA STR STE 100 STUART FL 34994-2128 US			3. Date incorporated or Qualified 3a. Date of Last Report				
							07/05/1988		/1996	чероп
2. Principal Place of Business			2a. Ma	2a. Mailing Address			4. FEI Number			pplied For
1			26				65-0056386		— —————	ot Applicable
Suite, Apt. #, etc.			h	Suite, Apt. #, etc.			1.5 Certificate of Status Desired 1.1			5 Additional Required
2 City & State			· ·· - · · · · · · · · · · · · · · · ·	y & State			6. Election Campaign Financing	 	\$5.00	May Be
3			28				Trust Fund Contribution			to Fees
Z)p		Country	Zip		Countr 30	У	8. This corporation has liability for in			. 199.032,
4		25	29				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	· · · · · · · · · · · · · · · · · · ·	and Address of Cu	rreni Hegistere	d Agent	81	Name	10. Name and Address of New Heg	JISTOFOG A	gent	
	rs, L. Lisa Osceola	ето				IVallie				
STE		oin			82	Street Add	dress (P.O. Box Number is Not Acceptable	le)		
	ART FL 349:	D.d			83	 				
010/	111111111111111111111111111111111111111	•								
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	to the provision of the provision of the provision of the province of the provision of the	ons of Sections 607, ont, or both, in the S h, and accept the of	.0502 and 607.19 Itate of Florida. S bligations of, Sec	508, Florida Stal Such change wa ction 607.0505,	tutes, the above s authorized b Florida Statute	ve-named corp by the corpora es.	poration submits this statement for the particular points board of directors. I hereby acceptions	urpose of a of the appo	intment a	its registered registered
DICALIANT (DC										
SIGNATURE	Stgrature, typed o	or prictical names of registeres	d agent and title 1 app	licable. (N	OTE: Registered Ac	geni signature requ	lired when reinstating)	DATE		
			d agent and title Lapp AND DIRECTOR	RS	OTE: Registered Ac	geni signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND	_	
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