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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996								
DOCUN	MENT # L866	33	(9)						
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		_	Address						
8333 W MCN STE 101	NAB KU	STE	W MCNAB RD						
TAMARAC FL	L 33321-3203	TAM	ARAC FL 33321-32	203		3. Date Incorporated or Qualified	3a. Date	of Last F	Renort
						07/12/1990		4/24/18	-0
¬ :	ace of Business	2a. Mai	iling Address			4. FEI Number			Applied For
<u> </u>	H -1-	26				65-0208025			Not Applicable
Suite, Apt. #	#, BIC.	27 Sur	te, Apt. #, etc.			5. Certificate of Status Desired		·	5 Additional Required
City & State			/ & State	• • •		6. Election Campaign Financing			May Be
3		28				Trust Fund Contribution			d to Fees
Zip ⊐	Country	Zip		Country	,	8. This corporation has liability fo	. •	x under s	199.032
<u> </u>	25 9. Name and Address of Cur	29	d Acont	30		Florida Statutes Ye	s No		
	y, maine and Address of Cur	nem negistere	u Agent	81	Name	TO. Name and Address of New	negistered /	-gent	
NEIRA	BAGRIEL R			Ĺ		(B C D. N	.1.1.\		
	MCNAB RD			82	Street Addre	ess (P.O. Box Number is Not Accepta	aule)		
STE 116				83		,			
TAMAR/	AC FL 33321			84	City			85 Z	ıp Code
11 11 11 10 1 1 1 0 0 0 0 1			5-7			FL	65 4	ip code	
							FL		
11. Pursuant to	to the provisions of Sections 607.0	0502 and 607.15	08, Florida Statute	es, the above-	named corpora	tion submits this statement for the p	urpose of cha	inging its	registered office
or registere	to the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	Florida. Such cha	inge was authorize	ed by the com	named corpora	tion submits this statement for the p d of directors. I hereby accept the ap	urpose of cha	nging its registere	registered office d agent. I am
or registere familiar with SIGNATURE	ed agent, or both, in the State of F th, and accept the obligations of, S	Florida. Such cha Section 607.0505	inge was authorize 5, Florida Statutes.	ed by the corp	named corpora poration's board	d of directors. I hereby accept the ap	urpose of cha pointment as	nging its registere	registered office d agent. I am
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SIGNATURE: ACCUATION CONTINUED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/15/96 954-720-0056