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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

A PROBLEM AND PIRAL TORIS INDEX INDEX MINER BIRIT BIRIT DEPICT AND ARRIVED ARRIVED AND ARRIVED ARRIVED AND ARRIVED ARRIVED AND ARRIVED AND ARRIVED AND ARRIVED ARRIVED AND ARRIVED ARRIVED AND ARRIVED ARR

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Principal Place	of Punineco	Mailing Address				i li afati alah bi		
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206 W. 131ST TAMPA FL 33		206 W. 131ST AVE. TAMPA FL 33612						
	···-	TARREST LE VOULE			Date Incorporated or Qualified	3a. Date o	of Lact 5	Report
					10/29/1985	1	27/19	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	J 0 .,		pplied For
21		26			59-6176129	Not Applica		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$		Additional
22		27			27 Gorandetto di Giendo positivo	<u> </u>	Fee F	Required
City & State	Ð	City & State			6. Election Campaign Financing		-	May Be
Zip	Country	<b>28</b> Zip	Cou	untry	Trust Fund Contribution			to Fees
24	25	29	30	artity	8. This corporation has liability for int Florida Statutes	angible tax ur Yes 🊹 No	noer s.	199.032,
1	9. Name and Address of Curre				10. Name and Address of New Reg		nt	· · · · · ·
				81 Name		<u> </u>		
BRENNE	MAN, DAVID			82 Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>		
	RLWOOD DR.			Sireer Add	ress (F.O. DOX HAITING IS NOT ACCEPTABLE)	,		
	FL 33549			83				
				84 City		[0	<b>5</b> Zip	Code
				Oily		FL ∣°	3 20	Code
11. Pursuant to or register	to the provisions of Sections 617.050 and agent, or both, in the State of Flor	2 and 617.1508, Florida Stat ida. Such change was autho	orized by the d	ove-named corpor corporation's boa	ration submits this statement for the purpourd of directors. I hereby accept the appoin	ose of changir ntment as regi	ng its re istered a	gistered offic agent. I am
familiar wit	th, and accept the obligations of, Sec	tion 617.0503, Florida Statut	tes.	•				
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familiar wit	th, and accept the obligations of, Sec Signature, typed or printed name of registered agor	nt and title if applicable.	(NOTE: Registered	d Agent signature require		DATE EUS ANT DIE	DECTOR	DO IN 10
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SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BEAUTY OF THE DISTRICT PROPER &