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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

NAME ONDIS, ARNIE STREET ADDRESS TILE TO DELETE TITLE NAME PACE, ROYANNE STREET ADDRESS OUT. ST. ZIP TITLE SD MCCLURE, LECILLE STREET ADDRESS TITLE STREET ADDRESS TITLE STREET ADDRESS TITLE STREET ADDRESS TITLE SD MCCLURE, LECILLE STREET ADDRESS TITLE SD MCCLURE, LECILLE STREET ADDRESS TITLE STREET ADDRESS TITLE SD MCCLURE, LECILLE STREET ADDRESS TITLE STREET ADDRESS TO STREET A	DOCUI	MENT # N2743	35 (9)			: 2		
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3. Date Incorporated or Outlifed 3a. Date of Last Report 105/16/1996 2. Principal Place of Business 2. Mailing Address 2. Ell Murribor 2. Suito, Apt. #, etc. 2	Principal Plac	e of Business	Mailing Address				SIN BIRN BIBN BIBN BIB	i dian sidin ida
2. Principal Piace of Business		FL 32562-7052		0052				
Suite, Apt #, etc Suite, Apt #, etc 27						3. Date Incorporated or Qualified 07/14/1988		
Suite, Apt. #, etc 2 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	l	lace of Business				4. FEI Number 59-2913268		
City & State City Country Zip Country Zip Country Zip Country Replaced Contribution Added to Pees Added to Pees Required Replaced Statutes City C	Suite, Apt	#, etc.		7	···		60 7E	
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20 20 20 20 20 20 30 5 10 10 10 10 10 10 10		0	⊢			, -		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name PACE, ROYANNE 2933 BAY ST. GULF BREEZE FL 32561 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617, 1508, Florida Statutes, the above-name of corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, hyerd or printed name of registered agent and site if applicable. PO ONDIS, ARNIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Intit. PO ONDIS, ARNIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Intit. PO ONDIS, ARNIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Intit. PO ONDIS, ARNIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Intit. PO ONDIS, ARNIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Intit. PO ONDIS, ARNIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Intit. PO ONDIS, ARNIE 14. Intit. PO ONDIS, ARNIE 15. THE ADDRESS 16. SAWGRASS DR. 16. SAWGRASS DR. 17. THE PO ONDIS OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 19. Change Additio	Zip	Country		Country				
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6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify 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 secure repowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or prigan attachment with an address.

CITY-ST-ZIP

FILED

May 22 1997 8:00am

Secretary of State