FILE NOW:	<u>FILING FEE I</u>	IS \$61.25	<u> </u>	7		
NONPROFIT CORPORATION	FLOR	RIDA DEPARTMEN Sandra B. Morti	IT OF STATE			
ANNUAL REPORT		Secretary of St	tate			
1996	TODANI	IVISION OF CORPO		-		
COCUMENT # A Corporation Name OF (Olonies a) Ondominum	1 37091	/	. <i>V</i> .			
orporation Name	it Berks.	hire Lo	2162			
adiminium	OSSOCIAY	tion, I	c			
cipal Place of Business	Mailing Add	dress		7		
			i	3. Date Incorporated or Qualifi	ed 3a Date of	Last Report
		Address		4. 5El Number 0, 901	and	Applied For
Principal Place of Business	amt 26 C/O	Newel	1 Kap Myn		3 9	Not Applicable 8.75 Additional
Suite. Apt. # etc		Apt. #. etc.	nto 55 11	5. Certificate of Status Desired		Fee Required
7/00 (0/7)010(E CG	City & 5	State FL	0	Election Campaign Financin Trust Fund Contribution	ng [\$5.00 May Be Added to Fees
Napks 12 Country			Country	8. This corporation has liability	for intangible tax	under s. 199.032,
22GUD 25	29 33	3942 30		Fiorida Statutes 10. Name and Address of Ne		
9. Name and Address	of Current Registered A	<u>gent</u>	81 Name	olo, William		
			82 Street Ad	press P.O. Box Number is Not Acc	eptable)	#166_
`	'n		63		0	
(1)	<i> </i>		84 97//	nles	FL	35 Ze Code //
Russ and to the provinces of her tip	ns 617,0502 and 617,1508	8, Florida Statutes, 1	the above-named of	orporation submits this statement for	the purpose of chaccept the appoin	anging its registered true it as registered
Pursuant to the provisions of Section office or registered agent, or with agent. I am familiar with, and acceptable.	n the State of Florida. Such it the obligations of Section	h change was auth n 617.0503, Florida	a Statutes	alloris board or officers.	4191	196
CNIATURE	of registered again and title if applicat		egistered Agent signature fe	quired when reinstating) ADDITIONS/CHANGES TO		
2. Signature types of spanished OFF	FICERS AND DIRECTORS	DELETE	13.	0/1	L	Change Addition
LE) ME			12 NAME	103 Mardel	Srive #	505
HEET ADDRESS			1.3 STREET ADDRESS	103 Marke 7	3942	NAME OF THE PARTY
ry-SI-ZIP		DELETE	21 TITLE	//X		Change Addition
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ITY - ST - ZIP				-+ 1 X		
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