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PROFIT CORPORATION ANNUAL REPORT



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

1006

SIGNATURE:

DEALE	n Name ERS ASSURANCE COMPAN	4 (0)				
Gipal Place	of Business	Mailing Address				
) P.O. BOX 21185 COLUMBUS OH 43221-7185		3 P.O. BOX 21185 COLUMBUS OH 43221-7185		3. Date incorporated or Qualified	3a. Date of L	•
		- 1		11/02/1989 4. FEI Number	03/14	/1995
Principal Pi	lace of Business	2a. Mailing Address		34-6513705		Applied For Not Applicabl
Surte, Apl.	#, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired	1 1 7	8.75 Additional Fee Required
Dity & Stab	e	City & State		Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees
Ζφ	Country	żip	Country	8. This corporation has liability for in		der s 199.032,
	25 Name and Address of Curren	1 Pagistered Acent	30	Florida Statutes Yes 10. Name and Address of New R		nt
	9. Name and Address of Curren	r nefisteren whent	81 Name	10, maint and Addition of fight in	-Brassian Mai	
INSURANCE COMMISSIONER			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
THE CA	apitol Hassee fl 32399		83			
TALLA INOCEL I E 02000			84 City		FL 85	Zip Code
or register	red agent, or both, in the state of Hond ith, and accept the obligations of, Secti	ion 607.0505, Florida Statute	red by the corporation's box	oration submits this statement for the pur and of directors. I hereby accept the appo	omment as regis	stered agent. I am
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