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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1997 APR 29 PH 3: 36

Secretary of State DIVISION OF CORPORATIONS

1997 DIVISION OF CORPORATIONS DOCUMENT # P93000062909 (5)					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
•	NDUSTRIES, INC.		•				
Principa' Place	e of Business	Mailing Address			I ARDINODI IIS TOMBO ISIM BAJAL DOINI BBIII	L DRIVA MOND ANDED COCOL BAN	H HH 1501
1747 CAPITAL CIRCLE NE 1747 CAPITAL CIRCLE NE							
71305 Fallahassee	FL 32308	#1305 Tallahassee Fl	32308				
					3. Date Incorporated or Qualified 09/03/1993	3a. Date of Last I 04/17/1996	
·ı '	lace of Business	2a. Mailing Addre	ess		4. FEI Number 59-3200840		pplied For lot Applicable
Suite Apt.	#. etc.	Suite, Apt. #, (etc.		5. Certificate of Status Desired		Additional
2		27				Fee F	Required
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	C	Country	This corporation has liability for		
4	25	29	30		Florida Statutes	Yes 🔏 No	
	9. Name and Address of Cu	urrent Registered Agent		81 Name	10. Name and Address of New Re	glatered Algent	
	STAFSSON-YOON, ANN C						
1747 CAPITAL CIRCLE NE APT 1305				82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
	AHASSEE FL 32308			63			
				84 City		- 85 Zip	Code
A. D. Constant the provision of Continue CO7 0000 and CO7 1000 Florido Contra						FL " L	1
office or re agent. I ar	registered agent, or both, in the S im familiar with, and accept the c	State of Florida. Such chang obligations of, Section 607.0	ge was authori 0505, Florida S	ized by the corpora Statutes.	tion's board of directors. I hereby acces	ot the appointment a	s registered
SIGNATURE	Signature, typica or printed name of registers	, , , , , , , , , , , , , , , , , , ,	(NOTE: Regist	ized by the corporal Statutes. Tered Agent signature requi 3.	poration submits this statement for the ption's board of directors. I hereby acception when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE	
ignature 2,	Signature typical or printed name of registers OFF ICERS	ed agent and title if applicable	(NOTE: Regist	tered Agent signature requi	red when reinstaling)	DATE	RS IN 12
IGNATURE 2. TLE	Signature typical or proved name of registers OFF ICERS VP YOON, JONG G	ed agent and tille it applicable S AND DIRECTORS	(NOTE: Regist	terad Agent signature requi 3. 1 TITLE 2 NAME	red when reinstaling)	DATE CERS AND DIRECTO	RS IN 12
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