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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortnam Scoretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000067611 (1)

FIVE L	OWES, INC.			I TORKKOOK HID HONK BIRTH ROKK DE	III OTEM Down Ower Hore Co	D# 11601 1101 1201
Principal Place	of Business	Mailing Address				
2908 WINDSOR HEIGHTS STREET DELTONA FL 32738 US		2909 WINDSOR HEIGHTS STREET DELTONA FL 32738				
03		U\$		3. Date Incorporated or Qualified	3a. Date of Last Ri	
Didnest on Dec			·····	09/14/1994	07/17/19	
., Princ i pal Pla	De at Business	2a. Mailing Address 26		4. FEI Number	├	Applied For
Suite, Apt. #	. etc.	Suite, Apt #, etc.	••••	59-3270864		Not Applicab Additional
	,	27		5. Certificate of Status Desired	1 1	Required
City & State		City & State		6. Election Campaign Financing	\$5.0	0 May Be
		28		Trust Fund Contribution	1 1	d to Fees
Zip n	Country	Zip	Country	8. This corporation has liability for		199.032,
<u> </u>	25	29	30		S □ No	
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New I	Registered Agent	
LOWE	MILLIAM O.					
	villiam (). NDSOR HEIGHTS STREET		82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
	A FL 32738		83			
DELIGIT	MTL 32/30					
			84 City		FL 85 Z'r	o Code
i. ruisuani K		02 and 607 1508. Florida Statu	ites, the above named come	rution submits this statement for the nu		
or registere familiar with	d agent, or both, in the State of Fk h, and accept the obligations of, Se	orida. Such change was authori action 607 0505, Florida Statute	ized by the corporation's hoc es	oration submits this statement for the pu and of directors. I hereby accept the app	irpose of changing its no intrinent as registered	agent. I am
or registere familiar with GNATURE:	diagent, or both, in the State of Fit i, and accept the obligations of Se tyratine 5000 inspects to the State Agranged A	onda Such change was authori antion 607 0505, Florida Statute mitanuthi haji hasi — ilb	ized by the corporation's hoc is હોઇ. કિંદ્રાવસ્તા હાલ્યોં કહેવી હો લોકલ	ard of directors. I hereby accept the app	DATE	agent. I am
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appears in Block 12 or Block/13 if chaptyre, o V SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR OF LOWE, THE STATES 5/81/36 204-189-5065

SIGNATURE: