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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600060994 (6)

FILED Apr 11 1997 8:00am Secretary of State

Principal Place of Business 1004 US HWY 19 SUITE 202 HOLIDAY FL 34691	Mailing Address 1004 US HWY 19 SUITE 202 HOLIDAY FL 34691-5635		3. Date Incorporated or Qualified	3a. Date of Last	
			07/19/1996	not A	
2. Principal Place of Business 2124095 U.S. hwy.	19 26 219 HOb	art ave	59.3390621	├─	pplied For lot Applicable
Suite, Apt. #. etc. 22	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 4	Additional Required
City & State 23 Clearwater, Fl.	City & State 28 Clencus	Her fl.	Election Campaign Financing Trust Fund Contribution		May Be to Fees
234623 25 Pinel	Zip	Country	B. This corporation has liability for in		
9. Name and Address of C			10. Name and Address of New Reg	gistered Agent	
JANEZIC, JOSEPH A 1004 US HWY 19 SUITE 202 HOLIDAY FL 34691		81 Name 82 Street Addr	ess (P.O. Box Number is Not Acceptable	at Zin	o Code
		O4 City		FL 85 Zip	Code
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. Lam familiar with, and accept the SIGNATURE 	obligations of, Section 607.0505, F	lorida Statutes.	in a soul so or all solors. The sol solors	The appointment a	o regionales
Signatur, typed or protest name of registr		TE: Registered Agent signature require		DATE FRS AND DIRECTO	RS IN 12
Signaturi, typed or protest runes of registr 12. OFFICER	RS AND DIRECTORS	13.	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
Signatur, typed or protest name of registr		13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 2.1	additions/changes to officenders Arry Greenb A Hobart Ave	ERS AND DIRECTO Change	
Signature Sign	RS AND DIRECTORS	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP	additions/changes to offic Arry Greenb	ERS AND DIRECTO Change PUM 34615	Addition
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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 of Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR