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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067888 (2)

CONTEMPORARY OPPORTUNITIES, INC.

FILED May 04 1998 8:00am Secretary of State



NAME STREET ADDRESS CITY-ST-ZIP TITLE D	Filitopa Flac	o or business	Mailing Address							
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Addition	22		27				5. Certificate of Status Desired			
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8. Name and Address of Current Registered Agent TOMPKINS, JOANN 490 E. TARPON BLVD. PORT CHARLOTTE FL 33952 431 Name 62 Stratel Address (P.O. Box Number is Not Acceptable) 833 84 City FL 85 Zip Code 411. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing is registered of the original and both in the State of Florida Statules, the above-named corporation submits this statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered of the original and statement for the purpose of changing is registered o	Zip 3 3 (Countly	Zip	_ Country	y					
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### City FL 85 Zip Code			Hegistered Agent	- 01	Nome		O. Maine and Address of New A	agistered	Agent	
PORT CHARLOTTE FL 33952 83	l .	•		01	ivanie	ь				
11. Pursuant to the previsions of Sections 607.05.02 and 607.15.08. Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered egent. I am ferminar value and procept the Okygations of, Sections 607.05.02 and 607.15.08. Fiorida Statutes, the above named corporation submits this statement for the purpose of changing its registered egent. I am ferminar value and procept the Okygations of, Sections 07.05.05. Fiorida Statutes. SIGNATURE SIGN	490	O E. TARPON BLVD.		82	Street	1 Address	(P.O. Box Number is Not Accepta	ble)		
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11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of French. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of French. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar yait in Group accept the appointment as registered agent. I am familiar yait in Group accept the appointment as registered agent. I am familiar yait in Group accept the appointment as registered agent. I am familiar yait in Group accept the appointment as registered agent. I hereby accept the appointment accept				B3	}					
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Indicated on this annual report or supplies that annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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.