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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000015334

1. Corporation Name

IVERSEN MANAGEMENT INC

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90273 027 \*\*\*150.00

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Principal Place	e of Business	Mailing Address					8117 <b>28</b> 141 <b>88</b> 1 <b>8</b> 1 1	1201 21195 1110	P 1171( BIBI 1881
22 HEMLOCK 1		P.O. BOX 1094							
OCALA FL 34472		OCALA FL 34478							
						DO NOT WR		SPACE	
						3. Date Incorporated or Qualifed 02/16/1998			
2. Principal P	lace of Business	2a. Mailing Address		-		4. FEI Number		_ <del> ·</del>	plied For
21		26 22 Hemli				953446153 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_ •			5. Certificate of Status Desired		•	Additional
22 ·	<u></u>	27 OCA A	<u> </u>						equired
City & Stat	te	City & State	^^	• _	1	6. Election Campaign Financing			May Be
23		28 3472	mai	401	7	Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the cur	rent year Inta		
24	25	29	30	<del></del>		Personal Property Tax.		□Yes	□No
	9. Name and Address of Cur	rrent Registered Agent		041 31		10. Name and Address of New	kegistered /	-gent	
AMER	DOEN D			81 Na	me				1
	rsen, R. Hemlock Terrace			<b>82</b> Ştr	reet Addre	ess (P.O. Box Number is Not Accept	able)	-	
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UCA	ALA FL 34472			83					
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 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, with all other like empowered.

SIGNATURE: