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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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JACO	-	ICIAL, INC.			(,			AANARI IKO IRION AI		 		1 410H1 1 1	20 1 ((2)) 0 0	J1 (4 1)
Principal Place	of Business	.,,		ailing Address	· · ·										
3950 N. 43 AVE. HOLLYWOOD FL 33021				3950 N. 43 AVE. HOLLYWOOD FL 33021											
									orporated or C	Jualif.ed	3a.	Date of L	ast R	eport	
Phincipal Place of Business Suite, Apt. #, etc.			2a. 26	2a. Mailing Address 26					4. FE + Number 65-06				42 Applied		
			Suite, Apt. #, etc. 27			5. Certifica	5. Certificate of Status Desired				\$8.75 Additional Fee Required				
City & State			28	Orty & State				Campaign Fina Ind Contribution	40				May B		
Ζφ]	Zip Country 25		Ζφ 29]			30 Count	ry	Florida \$		X Yes	□N	lo .		199.032,	
		and Address of Currer	nt Regis	tered Agent		8	1 Name	10. Name a	nd Address d	f New R	egiste	red Age	nt		
JACOBS, BRUCE R WEDDERBURN & JACOBS, P.A.						8	0	ldress (P.O. Box N	lumber is Not A	Acceptab	le)				
16300 N.E. 19 AVE., SUITE 208 NORTH MIAMI BEACH FL 33162			8								8:	5 Zır	Code		
												-1			
1. Pursuant to or registere	o the provision	ns of Sections 607,0502 oth, in the State of Flori	2 and 60 da. Such	7.1508, Florid	la Statutes	s, the above	named corp	oration submits tr	is statement fo	or the pur	DOSC C	of changin	g its re	egistered	office
GNATURE	n, and accept	ns of Sections 607.0502 oth, in the State of Flori the obligations of, Sect	ion 607.i	ubub, Fiorida	Statutes.				ils statement fo hereby accept	or the pur the appo	pose o	f changin nt as regi	g its restered	egistered agent. I a	office
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SIGNATURES

her. NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR

4-7-96 (954)966-0065