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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000064966 (2)

MONEY SAVER COUPON BOOK, INC.

FILED Feb 28 1997 8:00am Secretary of State



2. Principal Place of Business 21	Suite, Apt. #, etc. SVINE City & State Zip 33351 30 Istered Agent	Country USA 81 Name	10. Name and Address of New Recess (P.O. Box Number is No. Acceptable N. W. 103 P. A. C.	\$8.75 Fee R \$5.00 Added ntangible tax under s Yes No gistered Agent	pplied For of Applicable Additional equired May Be to Fees
21 4555 N W 103 AC 26 Suite, Apt #, etc. 22 Svite 200 27 City & State: 23 SUNRISE TO 28 740 24 33351 25 USA 29 9. Name and Address of Current Regil SQUIRES, BRIAN 11510 WEST SAMPLE RD	Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip 33351 30 Istered Agent	Country SA 81 Namo 82 Street Addre 4555	4. FEI Number 65-0540419 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes 10. Name and Address of New Resess (P.O. Box Number is No Acceptable N. W. 1034	\$8.75 Fee R \$5.00 Added ntangible tax under s Yes \(\) No gistered Agent	ot Applicable Additional equired May Be to Fees
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. SVINE City & State Zip 33351 30 Istered Agent	Country SA 81 Namo 82 Street Addre 4555	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes 10. Name and Address of New Resess (P.O. Box Number is No Acceptable N. W. 103	\$8.75 Fee R \$5.00 Added ntangible tax under s Yes \(\) No gistered Agent	Additional equired May Be to Fees
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COURT OF IMPOSITE COURT	607, 1508, Florida Statutes.	83	Sur 200		
	607.1508, Florida Statutes.	84 City کبر ں ک			
	607.1508, Florida Statutes.	790		85 Zip	Çode
44 Day at the Day and and Carlings COT CEOR and	our, 190g, rionda Statutes.	the above named agent	RIJE	FL 63 20	3335
 Pursuant to the provisions of Sections 607 0502 and office or registered agent, or both, in the State of Flor agent. Familiar with and agent the obligations of the control o	rida. Such change was auth	norized by the corporation	on's board of directors. I hereby accep	of the appointment as	registered
	or, Section 607.0505, Florid	PICSI des	. سو،	hules	
Signation typedicupers or name of the pluned agent and till		egistered Agent signature require	od when reinstating)	DATE:	
12. OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12 Addition
NAME SOURES, BRIAN	L] DELETE	1 1 TITLE 12 NAME		☐ Change	TT Admitton
NAME SQUIRES, BRIAN STREET ADDRESS 11510 WEST SAMPLE RD			55 N.W. 103 ns Are	SUTE 20	/ C
CITY-ST-24F CORAL SPRINGS FL 33065		1.4 CITY+ST-ZIP	SUNRISE R 333		
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SQUIRES, SHARON		2.2 NAME	10 3 CO A		3
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CORAL SPRINGS FL 33065	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	SONICITE 16 2333	☐ Change	Addition
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C-11 - ST- 71P		3.4. CITY-ST-ZIP	<u></u>		
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Title	DELETE	6.1 TITLE		☐ Change	Addition Addition
NAME STOCKLASSORES		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
11. I do bereby certify that the information supplied with tenformation indicated on this annual report or supplier. I am an officer or of rector of the corporation or the rearriests in Block 12 or Block 13 if changed on an annual size.	this filing does not qualify to	64 CITY+ST-ZIP	in Section 119 07(3Vi) Florida Statuta	I further certify the	t the

SIGNATURE: X