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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 185197

(1)

	NATION TO THE NATION OF PARTIES O	WAREHOUSE INC  Mailing Address					
rincipal Place of Business 05 S DUVAL ST O DRAWER 771 ADISON FL 32340		105 S DUVAL ST P O DRAWER 771	105 S DUVAL ST		7.44.41	er ment minut bible minut bible	· • • • • • • • • • • • • • • • • • • •
MAA	av v				3. Date Incorporated or Qualified		Report
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,	riace of Business	2a. Mailing Address			4. FEI Number 59-1284700	<del></del>	oplied For ot Applicabl
Suite, Apt	#. etc	Suite, Apt. #, etc.				20.75	Additional
•		27			5. Certificate of Status Desired		equired
City & State	€	City & State	·		6. Election Campaign Financing	\$5.00	May Be
		28			Trust Fund Contribution		to Fees
Ζφ	Country	Zip	Cou	ntry	8. This corporation has liability for	r intangible tax under s □ Yes □ No	s. 199.032,
	[25] 9. Name and Address of Cu	29 errent Registered Agent	30		Florida Statutes  10. Name and Address of New R		
AMC	DREWS, L, ROBERT	714711		81 Name	101		
	S DUVAL ST			82 Street Ad	dress (P.O. Box Number is Not Accepta	no (D.O. Boy Mumber in Not Apparents)	
	DISON FL 32340		}	82 Street Au	Ofess (P.O. Box Number is Not Accepta	1DI&)	
•••	7001112 02012			83	***************************************		• • • • • • • • • • • • • • • • • • • •
				84 City		85 Zip	Code
				O'C U		FL	
, Pursuant t ofboe or n adent Tai	to the provisions of Sections 607, egistered agent or both, in the S m familiar with, and accept the of	.0502 and 607.1508, Florida Sta state of Florida. Such change wa bigations of, Section 607.0505,	itules, the at as authorized Florida Stat	pove-named co d by the corpor utes.	prporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing i opt the appointment as	its registere registered
Pursuant I office or n agent Tai	Segregare ty, - discipration name of register.				orporation submits this statement for the ration's board of directors. I hereby acception when reliability and administration of the ADDITIONS/CHANGES TO OFF	purpose of changing in the appointment as	
enature	Signature (p 3 or product requests regions).  OFFICERS	d agert and title if applicable (t	NOTE Registered	d Agent signature rec	quired when reinslating)	purpose of changing in the appointment as	RS IN 12
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SIGNATURE: SIGNATURE AND TYPED OR

Daytime Phone #

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Feb 28 1997 8:00am

Secretary of State