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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1997 | | | | | | |
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SIGNATURE:

| rincipal Plac 11 CORTE2 IITE 300 IADENTON F | • | Mailing Address 3711 CORTEZ RD. W. SUITE 300 BRADENTON FL 34210-31 | 09 - | | |
|---|--|---|---|--|---|
| • | | 03 | | 3. Date Incorporated or Qualified 04/22/1963 | 3a. Date of Last Report 05/01/1996 |
| Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | | 26 | | 59-1010266 | Not Applicab |
| - Suite, Apti L | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | te | City & State | · · · · · · · · · · · · · · · · · · · | 6. Election Campaign Financing | \$5.00 May Be |
| | | 28 | | Trust Fund Contribution | Added to Fees |
| Ζip | Country | Zip | Country | 8. This corporation has liability for | r intangible tax under s. 199.032, |
| | 25 9. Name and Address of Curren | 29 | 30 | Florida Statutes 10. Name and Address of New R | Yes No |
| NCA | AL, PAUL JR. | it Hedistelen Våelit | 81 Name | IV. Name and Address of New A | redistored whelir |
| | 1 CORTEZ RD. W. | | 82 Street Add | dress (P.O. Box Number is Not Accepta | |
| | TE 300 | | Sireet Add | dress (F.O. Box Number is Not Accepte | aole) |
| BRA | ADENTON FL 34210 | | 63 | | |
| | | | 84 City | | 85 Zip Code |
| | | 5 | | rporation submits this statement for the ation's board of directors. I hereby acce | |
| agent. La | am familiar with, and accept the obliga | ations of Section 607 0505 E | Tasket Ctate to a | | obi ma abbonimioni as redisteren |
| - | Signature, typical or printed name of registered age | | | | DATE |
| GNATURE | Signature, typical or printed name of registered age OFFICERS ANI | nt and little It applicable (NC D DIRECTORS | OFF Registered Agent signature requ | | |
| GNATURE L | Structure, typical or printed name of registered age OFFICERS AND | inf and little If applicable (NC | off: Registered Agent signature required. 13. 1.1 Title | uired when reinstating) | |
| GNATURE LE ME | Structure, typical or printed name of registered age OFFICERS AND VD NEAL, ELINOR M. | nt and little If applicable (NC D DIRECTORS DELETE | 13. 1.1 TILE 1.2 NAME | uired when reinstating) | ICERS AND DIRECTORS IN 12 |
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