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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	_	FILEI)
Feb	10	1997	8:00am
Se	ecre	tary c	of State

Principal Plac N MAINE ST PO BOX 97 COTTONDALE		N MAI PO BO	g Address INE ST OX 97 ONDALE FL 32431-(0097		3. Date Incorporated or Qualified	3a. Da	te of Last F	Report
						02/27/1969	03/	08/1996	
'	Place of Business	}	ailing Address			4. FEI Number			pplied For
1 Suite, Aut	#. etc	26 Su	ite, Apl. #, etc.			59-1258873			ot Applicable Additional
2		27	,,			5. Certificate of Status Desired			equired
City & Stat	·6	Cit	y & State		****	6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip)	Coun	itry	8. This corporation has liability for	intangible Yes		s. 199.032,
4	9. Name and Address of 0	29 Current Registere	d Agent	30		Florida Statutes 10. Name and Address of New R			
W/A	RD,ALLEN E				B1 Name		-8.000		711
300) w thomas st			þ	82 Street Add	dress (P.O. Box Number is Not Accepta	ble)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CO	TTONDALE FL			1	B3				
								112	
				1	B4 City		FL	85 Zip	Code
agent i a	registered agent for both, in the am fam liar with, and accept the	State of Florida, S	Such change was	authorized	by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of ept the app	changing i ointment as	its registered registered
agent i a SIGNATURE 12.	and familiar with, and accept the	z State of Florida. S e obligations of, Se	Such change was ection 607.0505, Fi	authorized lorida Statu IE: Registered 13.	by the corporates. Agent signature req.	rporation submits this statement for the ation's board of directors. I hereby acceluded when reinstaling. ADDITIONS/CHANGES TO OFFI	DATE	ointment as	registered
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Lam an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 or changed on an attrictment with an address.

SIGNATURE:

A E Ward, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

904-352-4911