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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

FILED
May 12 1997 8:00am
Secretary of State

Principal Place 1209 N DONNE P O BOX 67 MOUNT DORA US	e of Businoss	# 3528 NCE GROUP		0067	3. Date Incorporated or Qualified 09/26/1969	3a. Date of Last Report 06/11/1996
2. Principal Place of Business			28. Mailing Address	L •		Applied For
H			26 P. U. Bux 67	26 <i>P. U. Bux G7</i> Suite, Apt. #, etc.		Not Applicable
Sulte, Apt. #, etc. 22 City & State				Suite, Apt. #, etc.		\$8.75 Additional Fee Regulred
			Gity & State		6. Election Campaign Financing	\$5.00 May Be
3		-	28 Mount Dora	FL 32756	Trust Fund Contribution	Added to Fees
Zip 4] <i>3</i> 275	5%	Country LAKE	29 32756-006	Country 30 LAKE	This corporation has liability for Florida Statutes	or intangible tax under s. 199.032, Yes No
1 2 1 2		and Address of	Current Registered Agent	100, 47777	10. Name and Address of New I	
1209 NORTH DONNELLY STREET MOUNT DORA FL 32757 11. Pursuant to the provisions of Sections 607.0502				83 City	reporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
office or r	egistered ago	ent, or both, in the	e State of Florida. Such change was	authorized by the corpor	ation's heard of directors. I barabu and	ant the ennembered or realistical
SIGNATURE		or printed name of regis		Torida Statutes. OTE: Registered Agent signature req	juired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed o	Of f (CE	dured agent and title if applicable (NC	DTE: Registered Agent signature req	juired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE 2. ITLE IAME	Signature, typed of VD SIMPSON,	OFFICE:	dered agent and title if applicable (NC RS AND DIRECTORS	DTE Registered Agent signature req 13. 1.1 YITLE 1.2 NAME	juired when reinstating)	DATE FICERS AND DIRECTORS IN 12
SIGNATURE 12. ITLE IAME STREET ADDRESS	VD SIMPSON, 500 OVER	OFFICE: JAMES E. BROOK	dored agent and fille if applicable (NC RS AND DIRECTORS	TE: Registered Agent signature req	juired when reinstating)	DATE FICERS AND DIRECTORS IN 12
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Imministrated on this arrival report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under or lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.