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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 398771 FILED
Jan 23 1997 8:00am
Secretary of State

	ST.	(6) Mailing Address P O BOX 1270 FT PIERCE FL 34954-1270)			
				3. Date Incorporated or Qualified 04/05/1972	3a. Date of Las 06/12/1996	
2. Protopal Plac	c of Business	2a. Maling Address		4. FEI Number 59-1554274	} 	Applied For Not Applicable
Suite, Apt. #.	ele	Suite Apt. #, etc.	75. 31	5. Certificate of Status Desired	□ \$8.7 9	Additional Required
City & State		City & State		6. Election Campaign Financing	\$5.0	O May Be
23 Zip	Country	Z ip	Country	Trust Fund Contribution 8. This corporation has liability for in	ntangible tax unde	od to Fees r s. 199.032,
24	25 9. Name and Address of Current	29 Secret Acom	30	Florida Statutes 10. Name and Address of New Reg	Yes No	
	The second second	negistered Agent	81 Name	IV. Name and Address of New Ho	Aistelen Wallt	
LLOYD, ROBERT M 311 SOUTH SECOND STREET				ress (P.O. Box Number is Not Acceptable)		
FT.PIE	RCE FL 34950		83			
			84 Cily		F1 85 Z	p Code
onice or reg agent I am	istered agent for born. In the State of familiar with, and accept the obligation	f Horida, Such change was ons of, Section 607.0505, F	authorized by the corpora forida Statutes.	poration submits this statement for the patien's board of directors. I hereby accep	ot the appointment	as registered
agert Land SIGNATURE Sig 12.	raminary, this and accept the obligation of the control of the con	and the frag trouble INCI	iorida Statules. III: Registered Agent signature requ		DATE ERS AND DIRECT	7 ORS IN 12
agert Fam SIGNATURE SI; 12. TIBLE NAME	familiar with, and accept the obligation	ons of Section 607.0505, F	ionida Statules. ITE: Registered Agent signature requ	ured when reinstating)	/10/9	ORS IN 12
agert Fam SIGNATURE SIGNATURE IDEE NAME STRIET ADDRESS GITY S1-709	D NEILL, RICHARD V STREET FT PIERCE, FL 0	and the flag profile PMC DIRECTORS DELL'E	IOTICA STATULES. IT: Registered Agent signature requ 13. 11 Title 1.2 NAMÉ	ured when reinstating)	COATE CHANG CHANG	ORS IN 12 e Addition
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4. Ldo hereby certify that the information supplied with this filing obes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on it is annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am nor officer or director of the corporation or the receiver or trustee consolvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED IN AMOUNT SIGNING OFFICER ON DIRECTOR

1/10/97 861-464-8200

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