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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 403704

(0)

Principal Place 1380 6TH ST P.O. BOX 886 W PALM BEAC		138 P.O	Mailing Address 1380 6TH ST P.O. BOX 886 W PALM BEACH FL 33402-0886			3. Date Incorporated or Qualified 3a. Date of Last Report					
9 Delegion Di	ace of Business		Mailing Address				06/23/1972 4. FEI Number		08	/19/199	Applied Fo
21 Principal Pa	ace or Business	26	walling Address				NOT APPL	ICABLE			Not Applica
Suite, Apt. #, etc. 2 City & State		⊢	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee		5 Additional Required
			City & State				6. Election Campa	\$5.00 May Be			
23		28					Trust Fund Cont				led to Fees
Zip	Country		Zip	Cou	ntry		8. This corporation				er s. 199.032
4	9. Name and Address of Curr	rent Registe	ered Ageni	[30]			Florida Statutes 10. Name and Add	-	Yes		
DOS	SINSON,THOMAS L	TOTAL TOGETHE	ored Agent		81	Name	10. 110110 1310 1400				
	0-8TH STREEET				82	Stroot Addre	ess (P.O. Box Number	is Not Accenta	hlo)		
P.O.	BOX 886					Olicel Addre	33 (1.C. DOX HOHDO)	15 1401 / 1600 ptd			
WES	ST PALM BEACH FL 33402				83						
					84	City			FL	85	Zip Code
11. Pursuant to office or re agent. I as	lo the provisions of Sections 607.0 egistered agent, or both, in the Sti m familiar with, and accept the ob	0502 and 60 late of Florida oligations of,	i7.1508, Florida Sta a. Such change wa Section 607.0505,	tutes, the ar is authorized Florida Stat	l by t utes	the corporation	on's board of directors	s. I hereby acce	ept the ap	pointmen	cas registeri
SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS A		Lapplicable (N				on's board of directors at when reinstating) ADDITIONS/CHA		DATE	D DIREC	TORS IN 12
SIGNATURE	Signature, typed or printed name of registers of OFFICERS /	d agent and title if	applicable (N	IOTE: Registered	1 Agent		d when reinstating)		DATE		TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS / PROBINSON,THOMAS L	d agent and title if	Lapplicable (N	13. 1.1 TU	LAgent LE ME	' signature require	d when reinstating)		DATE	D DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS / P ROBINSON,THOMAS L 1380 - 6TH STREET	d agent and title if	Lapplicable (N	13. 1.1 TU 1.3 ST	LAGIOT ILE IME REELA	r signature require	d when reinstating)		DATE	D DIREC	TORS IN 12
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