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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

	1996	15	WE TES	DIVISION C	DE CORPORA	TIONS			
1. Corporatio	MENT :		289	(4)					
OHA	ILAO VILLA	IOL, INO.							
 Principal Place	e of Business		Mail	ing Address				TAN TOU BY A BUT OF STAN	ONON ONLY DIRECTOR
612 53RD AVE W 84 BRADENTON FL 34207 BF			413-9TH AVE.,N.W.						
				BRADENTON FL 34209					
US							3. Date Incorporated or Qualified 02/19/1973	3a. Date of Las 03/07/	
	lace of Busines	s	F- 1	Mailing Address			4. FEI Number	00,01,	Applied For
Suite, Apt.	# etc		26	Suite, Apt. #, etc.			59-1443460		Not Applicable
2	. 1, 000		27	soite, Apr. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State	le			City & State			6. Election Campaign Financing	\$5	.00 May Be
[3]	· · · · · · · · · · · · · · · · · · ·	Country	28	(ip		•	Trust Fund Contribution	Ad	ded to Fees
4]	2	¬ı '	29	ugi.	Coun	try	8. This corporation has liability for Florida Statutes	r intangible tax unde s No	rs 199.032,
		nd Address of Cu		red Agent	1301		10. Name and Address of New		
					8	Name			
	OMB, HAROI				ε	32 Street Add	dress (P.O. Box Number is Not Accepta	hle)	
	TH AVE N W					1			
34209	ENTON, FL				3	33			
					L_				
34209					8	City		en a 85	Zip Code
	to the provision	is of Sections 607.0	0502 and 607.1	1508 Florida Statu		1	pration submits this statement for the su	-1 : :	•
	to the provision red agent, or bo ith, and accept	is of Sections 607.0 bits, in the State of F	0502 and 607, Florida, Such c	1508, Florida Statu hange was authori 06, Florida Statuto		1	pration submits this statement for the pu and of directors. I hereby accept the app	-1 : :	•
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certify that the information indicated on this 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96 741-712-7/96 Date Date Proper