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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 506641 1. Corporation Name FIN, FURS N' FEATHERS, INC. Principal Place of Business 1975 NORTH FEDERAL HWY. BOCA RATON FL 33432 Mailing Address 1975 NORTH FEDERAL HWY. BOCA RATON FL 33432						3. Date Incorporated or Qualified 3a. Date of Last Report				
							3. Date Incorporated or Qualified 07/07/1976		04/07/199	•
2. Principal Pl.	lace of Business	\$	i	. Mailing Address			4. FEI Number	• •		Applied For
Suite, Apt. #, etc.		26	26		59-1675991			Not Applicable Additional		
			27	Cartof April 17 Occ.			5. Certificate of Status Desired			Required
City & State				City & State			6. Election Campaign Financing			0 May Be
3		•	28		·		Trust Fund Contribution			d to Fees
Zρ		Country	<u> </u>	Zip	Country	y	8. This corporation has liability fo	-		199.032,
ı	n Name at	i Address of Cur	29	tored Agent	30			s No		
	9, 1101116 41	IG AGGIESS OF CUI	ilein negis	nered Agent	81	Name	10. Name and Address of New	Hegistere	a Agent	
HOLLAN	IO CHARLIE E									
HOLLAND,CHARLIE E. 1975 N. FED. HWY. BOCA RATON FL 33432					82	Street Ac	ddress (P.O. Box Number is Not Accepta	able)		
					83					
					84	C):4				
					04	City		-	85 Z	o Code
or register familiar wil	red agent, or bo	ith, in the State of F	lorida Such	7.1508, Florida Statu n change was authori 0505, Florida Statute	zed by the corp	named corp poration's bo	poration submits this statement for the ploand of directors. I hereby accept the ap	urocco of	changing its r	egistered office agent. I am
or register familiar wit SIGNATURE 2.	ed agent, or bo th, and accept to Signature typical or c	ith, in the State of F	londa Such Section 607.	n change was authori 0505, Florida Statute (\$2 CTORS	zed by the corps.	oration's bo	operation submits this statement for the poored of directors. I hereby accept the an	urpose of oppointment	changing its r as registered ND DIRECTO	agent. Lam
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certify that the information indicated on this arrived report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the composition 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 or an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE BLOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlie E. Holl and