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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| i. Corporatio | MENT # 51053 N CORN, INC. |) (<i>i</i>) | | | (AE R) Bilbi Hain Belai Ahibe and | } |]: | Bigip Bibai ledi | |
|--|---|---|--|---|--|---|--------------------------------------|--|--|
| Principal Place of Business Mailing Address 110 S.E. 6TH ST 28TH FLOOR C/O NORMAN D. TRIPP C/O NORMAN D. TRIPP FT LAUDERDALE FL 33301 Principal Place of Business Mailing Address 110 S.E. 6TH ST 28TH FLOOR C/O NORMAN D. TRIPP FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 | | | | | | | | | |
| · · blobelle | mac 16 south | FI LAUDERDALE FL | . 33301 | | 3. Date Incorporated or Qualified 08/13/1976 | 3a. Date o | f Last R | • | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number | 1 00/ | | Applied For | |
| Suite, Apt. | # etc | 26 | | | 59-1694750 | | | Not Applicable | |
| 22 | π, 6ιc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional | |
| City & State | е | City & State | | | 6. Election Campaign Financing | | | Required | |
| 23 | | 28 | | | Trust Fund Contribution | | | 0 May Be d to Fees | |
| Zip 24 | Country 25 | Zip 29] | 30 Cot | intry | This corporation has liability for Florida Statutes Yes | | | | |
| | 9, Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New F | | jent | | |
| 110 SE | NORMAN D. 6TH 28TH FL DERDALE FL 33301 | | 81 Name 82 Street Addr 83 84 City | | Address (P.O. Box Number is Not Acceptab | | | | |
| | | | | Oity | | | ' ' | o Code | |
| 11. Pursuant t or register familiar wit | to the provisions of Sections 607.050 ed agent, or both, in the State of Fro th, and accept the obligations of Scr | 02 and 607,1508, Florida Stat orida. Such change was autho ction 607,0505, Florida Statut | utes, the abo | ve-named corporation's | orporation submits this statement for the pur board of directors. I hereby accept the appe | rpose of chang ointment as re | ging its registered | egistered offici agent. I am | |
| SIGNATURE: | , and a star provide a congenitoring on, det | oson os soco, nonce diatal | | | | rpose of chang ointment as re | ging its registered | egistered offici agent. I am | |
| SIGNATURE: | Signaturu, typed or printed name of registered age | ent and tire 1 applicable. | NOTE: Registered | | equired when reinstating) | rpose of chang ointment as re | | | |
| SIGNATURE | Signaturu, typed or printed name of registered age | oson os soco, nonce diatal | | Agent signature | equired wher reinstalling: ADDITIONS/CHANGES TO OFFI | rpose of chang ointment as re DATE ICERS AND D | IRECTO | RS IN 12 | |
| SIGNATURE | Signature, typed or printed name of registered age OFFICE RS AI PCD EGAN, MICHAEL S. | int and the Tapplicable. (ND DIRECTORS | NOTE Registered | Agent signature | equired wher reinstalling: ADDITIONS/CHANGES TO OFFI | rpose of chang ointment as re DATE ICERS AND D | | | |
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Daytime Phone #