COF	PROFIT PROFIT RPORATION JAL REPORT 1997	FLORIDA DEPAR Sandra B. Secretar	TMENT OF STATE		LED 997 8:00am ary of State
PROPER	MENT # 52437: TY AND ACCOUNTING M TO BUSINESS TREET. STE 202		202		
	34237-7945	SARASOTA FL 34237-7945		3. Date Incorporated or Qualified	3a. Date of Last Report
				01/24/1977 4. FEI Number	04/10/1996
малстраг н	lace of Business	2a. Mailing Address		59-1731858	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	······································	5. Certificate of Status Desired	Sec. 75 Additional Fee Required
City & Stal	le	27 Cily & State		6. Election Campaign Financing	\$5.00 May Be
7.0	Country	28	Country	Trust Fund Contribution	Added to Fees
7ip	25]	Zip 29	30	 This corporation has liability for Florida Statutes 	or intangible tax under s. 199.032,
	9 Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New F	Registered Agent
	Wes, a bradford 5 wood street			dress (P.O. Box Number is Not Accept	aple)
-	ASOTA FL 33577				aulej
			83	· · · · · · · · · · · · · · · · · · ·	
			84 City		FL 85 Zip Code
office or	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida Statute te of Florida, Such change was a	es, the above-named co uthorized by the corpora	poration submits this statement for the ation's board of directors. I hereby acc	
office or agent 1 a	Supriative layed or printed name of registored a		es, the above-named co uthorized by the corpora rida Statutes. Registered Agent signature req 13.	rporation submits this statement for the ation's board of directors. I hereby acc uired when reinstating} ADDITIONS/CHANGES TO OFF	a purpose of changing its registered sept the appointment as registered DATE
GNATURE	Supervise spector printed name of registered a OFFICERS A	agent and title if applicable (NOTE	Registered Agent signature reg 13. 1.1 TITLE	uired when reinstating)	a purpose of changing its registered sept the appointment as registered DATE
SNATURE E	Supervise spector printed name of registrated a OFFICERS A	eport and lide if applicable (NOTE NOTE NOTE	Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE DATE DATE DATE
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