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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | | # 576127 IVICES, INC. | | (| 5) | | | | | | |
|---|--|---|----------------------------|--|---|--|--------------------------|------------------------------------|--|--|---------------------------------|
| Principal Place | e of Busines | 5 | P | Mailing Addr | ess | | | | | | |
| 1785 KILLDEER CIRCLE VENICE FL 34283 | | | | 1785 KILLDEER CIRCLE VENICE FL 34293-1490 | | | | | | | |
| | | | | | | | | | 3. Date incorporated or Qualified 06/19/1978 3a. Date of Last Report 04/10/1996 | | · |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | 4. FEI Number Applied For 59-1827194 Not Applied | | |
| 21 Suite, Apt. #, etc. | | | | Suite, Apt #, etc. | | | | | | SR 75 Additional | |
| 22 | | | | 27 | | | | | Certificate of Status Desired | | Required |
| City & State | | | | City & State | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Faes | | |
| Zip | Country | | - | Zip | | Country | | • | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 25 25 Name and Address of Curren | | | 29 30 Segistered Agent | | | Т | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | |
| uc^i | | | · · · · · · · · · · · · · | | *** | | 81 | Name | 19. Hamis and reguless of from hogi | area waste | |
| HECKEL, FRED A. 1785 KILLDEER CIRCLE | | | | | | | 82 | Ctront Ada | discording to the second of th | | |
| VENICE FL 34293 | | | | | | | 62 | Street Aut | ress (P.O. Box Number is Not Acceptable) | | |
| | | | | | | | 83 | | | | 20.00 |
| | | | | | | | 84 | City | | [85 Zij | p Code |
| | | | | | | | | | | _FL | j |
| office or r agent La | to the provis registered ag im familiar wi | ens of Sections 607.050 ent, or both, in the State th, and accept the oblig | iz and of Flo alions | fida. Such c of, Section (| florida Statu hange was 507.0505, F | ites, the a authorize Iorida Sta | above ed by stutes | e-named cor y the corpora s. | rporation submits this statement for the pu- ation's board of directors. I hereby accept | rpose of changing the appointment a | its registered is registered |
| SIGNATURE | Slandara based | or printed name of registered age | ant and th | tle d applicable | (NO | iff Registers | ed Are | on sunshine real | ured when reinstating) | DATE | |
| 12. | ongranice, type a | OFFICERS AN | | | (100 | 13. | | or a gratore requ | ADDITIONS/CHANGES TO OFFICE | | ORS IN 12 |
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| CITY-ST-ZiP | VENICE F | <u> </u> | | | DELETE | 1.4 C | HTY - S | ST - ZIP | | Change | e Addition |
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| NAME | | | | | | . I | NAME | | | | |
| STREET ADORESS | | | | | | | | ADDRESS | | | |
| 14. Ldo heret | by certify the | t the information supplie | d with | this filing do | es not oue | | CITY-S | | ed in Section 119.07(3)(i), Florida Statutes. | further certify the | at the |
| informatio I am an o | m ind cated flicer or dire | on this annual report or s | supple r the re | mental annu oceiver or tru | ial report is istee empo | true and wered to | accı | urate and tha | at my signature shall have the same legal ort as required by Chapter 607, Florida Sta | effect as if made u | under oath; that |

SIGNATURE:

FILED

Feb 06 1997 8:00am

Secretary of State