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Jan 25, 1999 8:00am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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1. Corporat	JMENT # 60405	9∛			
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SUNGI	CAL ASSOCIATES OF CEN	THAL FLUKIDA, P.A.			
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Principal Pla	ace of Business	'. Mailing Address	·	ı indilin delik dalışı dilaşı dalığı dilin ibil dibi	is minit dinit ninti ninit ninit ninit 1801
1181 ORANGI		1181 ORANGE AVENUE			
WINTER PARI	K. 32789	👸 WINTER PARK. 32789		•	
	•	N r		DO NOT WRITE IN TH	IS SPACE
	-	*(3. Date Incorporated or Qualifed	
2 Principal	Place of Business	2a. Mailing Address	**	01/02/1973	·
21	ridos of Business			4. FEI Number	Applied For
Suite, Ap	ot # etc	Suite, Apt. #, etc.	·	59-1447035	Not Applicable
22	17, G.G.	· 🖳		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State			Fee Required
23		28		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes the current year le	
=11.	9. Name and Address of Curro		1301	Personal Property Tax. 10. Name and Address of New Registered	Mayes □No
	#	7.	81 Name	10. Name and Address of New Registered	a Agent
MIL	LED CENE C M D				•
1181 ORANGE AVENUE		· 野村 《高川日本 八年》。	82 Street A	Address (P.O. Box Number is Not Acceptable)	
WIN	NTER PAKR FL 32789	2	83	The state of the property of the state of th	71 - 5 78 - 10 7 . 4 17 7 . 4
			"		
			84 City		85 Zip Code
11 Pursuan	t to the provisions of Sections 607.05	02 and 607 1509. Florida Statut	15	 	<u> </u>
office or	at to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	es, the above-named o	corporation submits this statement for the purpose of	of changing its registered
agent. i	am familiar with, and accept the oblice		utnonzea by the corpo	ration's board of directors. I hereby accept the appo	ointment as registered
	· · · · · ·	pations of, Section 607.0505, Flo	utnonzed by the corpo rida Statutes.	ration's board of directors. I hereby accept the appo	ointment as registered
SIGNATURE	; <u> </u>		nua Statutes.	4.	ointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registered Agent signature re-	quired when reinstating)	· ·
	Signature, typed or printed name of registered ag		Registered Agent signature red	4.	ND DIRECTORS IN 12
12,	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature re-	quired when reinstating)	ND DIRECTORS IN 12
12.	Signature, typed or printed name of registered ag OFFICERS A PD MILLER, GENE C	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature re- 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	ND DIRECTORS IN 12
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CITY-ST-ZIP WINTER PARK FL 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further 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, with all other like empowered.

SIGNATURE:

407-647-1331