COF	SECOND NOTICE: CORPORATION WILL BE DI MOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISS PROFIT CORPORATION ANNUAL REPORT 1997		SOLVED ON OR AFTER SEPTEMBER 17, 1997. LVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Aug 19 1997 8:00an Secretary of State			
	MENT # 62547		(3)					
Principal Place of Business     Mailing Address       431 E HORATIO AVE #300     431 E HORATIO AVE #300       MAITLAND FL 32751     MAITLAND FL 32751					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifie	d <b>3a.</b> Date	of Last R	•
Principal P	lace of Business	2a. Mailing Ac	Idvasa		06/12/1979 4. FEI Number	05/0	)1/1996	
, гипора г		26	101655		59-1943143		- <del>   </del> +	oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	 []	\$8.75	Additional
City & State		27 City & State		6. Election Campaign Financing		Fee Required \$5.00 May Be		
		28			Trust Fund Contribution		Added	to Fees
Zip	Country 25	Zip 29		Country 30	<ol> <li>This corporation owes or has Personal Property Tax due Ju</li> </ol>	·		langible No
	9. Name and Address of Curre INZER, KEITH			81 Name	10. Name and Address of New			
				83 84 City			85 Zio	Code
	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Flu e of Florida, Such ch gations of, Section 60	orida Statute lange was a 07,0505, Flo	84 City	rporation submits this statement for th ation's board of directors, I hereby ac	- FL		Code Is registered registered
	Signature, typed or printed name of registered ag	jont and litle if applicable		84 City	uired when reinstating)	PL e purpose of c cept the appoin DATE	hanging it htment as	ls registered registered
IGNATURE	Signature, typed or printed name of registered ag	onit and title if applicable	(NOTE	84 City B5, the above-named count uthorized by the corpor- rida Statutes. Registered Agent signature req 13.		PL e purpose of c cept the appoin DATE	hanging it htment as	Is registered registered
IGNATURE  2.  TLE  WE  REET ADDRESS	Signature, hored or printed name of registered ag OFFICERS AN SKORYNA, JANE M. 517 ROSLYN AVE.	onit and title if applicable		84         City           Bs, the above-named co- luthorized by the corpor- tida Statutes.         Registered Agent signature reg           13.         1.1 TILE           1.2 NAME         1.3 STREET ADDRESS	uired when reinstating)	PL e purpose of c cept the appoin DATE	hanging it htment as	Is registered registered
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