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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

	1996	COOTE		DIVI	SION OF	CORPO	HAHO	NS						
1. Corporation	MENT A		3	(4)									
SENU	HOVEN O	YEN, INC.												
Principal Plac	e of Business		Ma	ailing Address	3									
196 N. FED	ERAL HIGHWAY			196 N. FEDER		WAY								
DELRAY BE	ACH FL 33483			DELRAY BEA										
· <u>-</u>									06/08/		3a . [oate of Last 06/22/1		
2. Principal P	lace of Busines	S	2a.	Mailing Add	ress				4. FEI Numbe	75662			Applie	
Suite, Apt.	#, etc.			Suite, Apt. #	, etc.					· · · · · · · · · · · · · · · · · · ·		\$8.1	75 Addi	oplicable tional
22			27						5. Certificate of	of Status Desired			э Requir	
City & Stat	te		20	City & State						mpaign Financing Contribution			.00 Ma	
Zip		Country	28	Zip		Co	untry			ation has liability for			led to Fr	
24	2:	5	29	- "		30			Florida Stat		s No		5 155.0	102,
	9. Name a	nd Address of Currer	t Regist	tered Agent			041		10. Name and	Address of New I	Register	ed Agent		
LODED	CECELIA						81	Name						
	, cecelia Swinton Ci	R					82	Street Addr	ress (P.O. Box Nun	ber is Not Accepta	ble)			
	Y BEACH FL						83							
		••••					84					. 85	Zio Cod	
								Colum				. 1851	Zip Code	е
11. Pursuant	to the provision	s of Sections 607.0502	and 60	7.1508 Floric	ia Statute	s the ab	nve na	City amed cornor	ration submits this	statement for the n	rryse of	Chanavaa it	v register	red office
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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 only a state through with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 407-276-3388 Daytine Proce #