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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 660493

(8)

FILED May 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 4275 US 98 NORTH LAKELAND FL 33805 LAKELAND FL 33809-3827					
				3. Date Incorporated or Qualified 03/26/1980	3a. Date of Last Report 05/01/1996
-″า [′]	Piace of Business	2a. Mailing Address	rthur Bluc	4. FEI Number 22-2299918	Applied For Not Applical
Suite, Apt	#, etc	26 433 MACA Suite, Apt. #, etc.	riuai izive	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State	. 15	6. Election Campaign Financing	\$5.00 May Be
23		28 Manuou		Trust Fund Contribution	Added to Fees
Zip 14	Country 25	29 Zip 0743b	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Vyes
31	9. Name and Address of Curr			10. Name and Address of New Reg	
	TED STATES CORPORATION (1 HAYES STREET	COMPANY	81 Name		
	. 105		82 Street Ad	dress (P.O. Box Number is Not Acceptabl	le)
TALI	LAHASSEE FL 32301		63		
			84 City	······································	85 Zip Code
34 B	10 6070	000 - 1 007 4500 Ft - 1 0 0 1		orporation submits this statement for the pu	FL 2 p code
agent Fa		ingations of, becilon oor bood, ric	inua Statutes.	ration's board of directors. I hereby accep-	
SIGNATURE	Signature, typed or printed name of registered	agent and tille if applicable (NOTE	E Registered Agent a gnature rec	quired when reinstating)	DATE
SIGNATURE	Signature, typed or profed name of registered OFFICERS A				DATE
SIGNATURE 12.	Signature, speed or profed name of registered OFFICERS A	agent and title if applicable (NOTE AND DIRECTORS	E Registered Agent a gnature rec	quired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. TILLE NAME	Signarize, speed or profed name of registered OFFICERS / P SHEPARD, JEFFREY	agent and title if applicable (NOTE AND DIRECTORS	E Registered Agent a gnature red 13. 1.1 TITLE	quired when reinstating)	DATE ERS AND DIRECTORS IN 12
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I do 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 circctor 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED LAW OF SIGNING OFFICER OR DIRECTOR

JAN 1 0 1997

(201) 934-2000