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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

1.	OCUN	MENT n Name	# 703167	7 (7)						
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								AND RIEM DIEM GERK B		
Pr	incipal Place	e of Busines	ıs	Mailing Address	·····					
6200 COURTNEY CAMPBELL CAUSEWAY 6200 COURTNEY CAMPBELL CAUSEWAY										
SUITE 845 - BAYPORT PLAZA SUITE 845 - BAYPORT PLAZA										
TA	MPA FL 3360	U7		TAMPA FL 33607			3. Date Incorporated or Qualified	3a. Date of La		
Principal Place of Business				2a. Mailing Address		11/09/1961	04/26	,		
2. Principal Place of Business				26. Mailing Address		4. FEI Number Applied For S9-093 1034 Not Applied For				
1	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional	
City & Code				Chut Proto			Fe	e Required		
23	City & State			City & State		6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
	Zip		Country	Zip	Country	١,	8. This corporation has liability for		~~~	
24		- Name	25	29	30			Yes X No		
<u> </u>		9, Name	and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent		
	EI EMIN	G O'RRYA	N & FLEMING PA		82			- 1 - N		
FLEMING, O'BRYAN & FLEMING , PA 500 E BROWARD BLVD 7TH FLOOR						20000 N	ddress (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33394					83					
					84	City		FL 85	Zip Code	
11	I. Pursuant t	to the provis	ions of Sections 617.0502	and 617.1508, Florida Sta	itutes, the above	named o	corporation submits this statement for the p	surpose of changi	ng its registered	
	agent. I a	m familiar w	ith, and accept the obliga	tions of Section 617.0503,	Florida Statutes	, was borp	oration's board of directors. I hereby accept	or me appointme	it de leftiereien	
SI	GNATURE _	Stonature types								
12		organizate, typine	or printed name of registered agen	t and title if applicable. (N	NOTE: Registered Age	nt aignature r	equired when reinstating)	DATE		
TIT	2	organice, typic	or printed name of registered agen OFFICERS AND	DIRECTORS	YOTE: Registered Age	nt aignature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC		
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14. 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date:

Dat