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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 23 1997 8:00am

	IAL REPOR 1997	RT .		Secretary o	of State RPORATIONS		Secreta	ry of	State
DOCUN 1. Corporation	MENT #	735908	3 (6	3)					
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Principal Place			Mailing Address		•				
339 WEST EL P CLEWISTON FL US			339 WEST EL PAI CLEWISTON FL 3 US						
							3. Date Incorporated or Qualified 05/24/1976	3a. Date of L 02/14	1996/1996
2. Principal Pl	lace of Busines	S	2a, Malling Addr	988			4. FEI Number 59-2350093		Applied For Not Applicable
Suite, Apt	#, etc.		Suite, Apt. #	, etc.			5. Certificate of Status Desired	1 1 7	75 Additional se Required
City & State	9		City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip 24	25	Country	Zip 29	30	Country	·····	8. This corporation has liability fo	intangible tax un	der s. 199.032,
		d Address of Curren					10. Name and Address of New R	egistered Agent	
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CORDES, GEORGE, C. Paid - Ck. #446, 339 WEST EL PASO AVENUE dtd 3/31/97					/ 82 Str	eet Addr	ess (P.O. Box Number is Not Accepta	ble)	
	ON FL 33440			• ,	83				
					84 Cit	y		FL 85	Zip Code
					1 1				
11. Pursuant l	to the provision	s of Sections 617.050	2 and 617,1508, Flori	da Statutes,	the above-nar	ned corp	oration submits this statement for the		ing its registered
11. Pursuant I office or re agent. Lai	to the provision egistered ageni m familiar with,	s of Sections 617.050 t, or both, in the State and accept the obliga	2 and 617,1508, Flori of Florida. Such char ations of, Section 617.	da Statutes, ige was auth 0503, Florida	the above-name norized by the a Statutes.	ned corp corporat	oration submits this statement for the ion's board of directors. I hereby according to the control of the contr		ing its registered nt as registered
SIGNATURE							oration submits this statement for the ion's board of directors. I hereby according to the control of the contr	purpose of chang opt the appointme	ing its registered nt as registered
SIGNATURE		s of Sections 617.050 t, or both, in the State and accept the obligation of the obligation of the obli	nt and title if applicable.				oration submits this statement for the ion's board of directors. I hereby accu- ed when rehatating) ADDITIONS/CHANGES TO OFF	purpose of chang pt the appointme	
SIGNATURE _	Signature, typed or p	OFFICERS AND	nt and title if applicable.	(NOTÉ: Re	egisterød Agent sign		ed when reinstating)	purpose of chang pt the appointme	OTORS IN 12
SIGNATURE _	Signature, typed or p VD FRASER, J	OFFICERS AND	nt and title if applicable. DIRECTORS	(NOTÉ: Re	egistered Agent sign 13. 1.1 TITLE 1.2 NAME	ature requir	ed when reinstating)	purpose of change of the appointme DATE	OTORS IN 12
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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 cath; 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 (changed, or on an attachment with an address.

SIGNATURE:

C. Cordes, Treas. May 17, 1997