CO	ONPROFIT RPORATION IUAL REPORT 1996		Sa S	DEPARTMEN andra B. Mort Secretary of SI	T OF STATE ham tate	3.)			
DOCU	JMENT #	74333							
1. Corporati) WSHIP, INCORPO	•					
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Principal Pla	ce of Business		Mailing Address						
P.O. BOX 3 N.W. 3 AVEC HAWTHORN	99 NUE		P.O. BOX 399 N.W. 3 AVENUE HAWTHORNE FL 3	2640					
						3. Date Incorporated or Qualifie 06/20/1978	od 3a. Date of Las 04/24		
2. Principal I	Place of Business		2a. Mailing Address	5	<u></u>	4. FEI Number 59-1910240		Applied For	
Suite, Apt	#, etc.		Suite, Apt. #, etc	С.		5. Certificate of Status Desired	\$8.7	San	
City & Sta	te		27 City & State			6. Election Campaign Financing	Fee Fee	Required	
Zip	Co	ountry	28 Zip		ountry	Trust Fund Contribution	Adde	0 May Be ed to Fees	
14	25		29	30		 This corporation has liability to Florida Statutes 	or intangible tax under Yes 🔀 No	r s. 199.032,	
······································	9. Name and Ad	Idress of Current	Registered Agent		81 Name	10. Name and Address of New J	Registered Agent		
	s, lewis o.					Iress (P.O. Box Number is Not Accept	abia		
	ORTHEAST SECO A FL 32670	ND ST.		63					
11 Pursuant	to the provisions of f	Continue 617 0700			84 City	······································		p Code	
11. Pursuant office or r agent. I a	to the provisions of s egistered agent, or t	Sections 617.0502 ooth, in the State o	and 617.1508, Florida S f Florida. Such change w	itatutes, the a vas authorize		poration submits this statement for the ion's board of directors. I hereby acce			
agent. I a SIGNATURE	m familiar with, and a	accept the obligati	ions of, Section 617.0500	3, Florida Stat	bove-named corp d by the corporati tutes.	and or directors. Thereby acce			
agent. I a SIGNATURE	Im familiar with, and a Signature, typed or printed	accept the obligati	ions of, Section 617.050; and tille if applicable	3, Florida Stat	bove-named corp of by the corporati tutes.	red when reinstating)	Purpose of changing pt the appointment as	its registered registered	
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