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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

745652

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ARVIDA	DADK	ΛE	COMMEDCE	CACT	ASSOCIATION.	INC
MUNINA	FARR	UL	CUMMERCE	EAST	ASSULTATION.	INC.

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9. Name and Address of Current Registered Agent JACOUES, WILLIAM M. 2000 GIADES ROAD, SUITE 306 BOCA RATON FL 33431 82 Street Advisess (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. Thereby accept the appointment as registered agent. It familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It familiar with, and accept the obligations	<u> </u>		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I furth certify that the information indicated on this angual record or supplemental enough good first that the information indicated on this angual record or supplemental enough good first that the information indicated on this angual record or supplemental enough good first that the information indicated on this angual record or supplemental enough good first that the information indicated on this angual record or supplemental enough good first that the information indicated on this angual record or supplemental enough good first that the information indicated on this angual record or supplemental enough good first that the information indicated on this angual record or supplemental enough good first than the information indicated on this angual record or supplemental enough good first than the information indicated on this angual record or supplemental enough good first than the information indicated on this angual record or supplemental enough good first than the information indicated on this angual record or supplemental enough good first than the information indicated on this angual record or supplemental enough good first than the information indicated on the supplemental enough good first than the information of the supplemental enough good first than the supplemental enou	her		

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 a tachment with an address.

SIGNATURE:

MATURE AND TYPED GO PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 407 750 7224

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