	NONPROFIT	ur a	NT DUE TO REINSTATE: \$22	(36.25.)	
	ORPORATION NUAL REPORT	() () () () () () () () () ()	indra B. Mortham	ļ	
VIA	To the second	S	ecretary of State		
	1996	DIVISION	N OF CORPORATIONS		
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CEI Bu	ntral florida area pos Jilding Company, inc.	STAL WORKERS UNI	ON LAND &	1 (00/11 100)/ 21919 (01/11 10/10)	ilið liði Giðil Giðil Giðil Giðir Giðir Biðir Genir s
Principal Pl	ace of Business	Mailing Address			
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2. Principal	Place of Business	0-11-2		3. Date Incorporated or Qualified 11/19/1979	3a. Date of Last Report 01/30/1995
1 Suite, Ap		2a. Mailing Address		4. FEI Number 59-2003697	Applied For Not Applicab
City & Sta		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
Zip	Country	City & State	Country	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	25 9. Name and Address of Curre	29	30 Country	This corporation has hability for i Florida Statutes	Yes I No
1 44/-		THE PROPERTY OF THE PARTY OF TH	81 Name	10. Name and Address of New Rec	pistered Agent
LAKE.	, William H. Horth Pine Hills Road		82 Street	6 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
ORLA	NDO FL 32808		<u></u>	Address (P.O. Box Number is Not Acceptable	e)
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			83		
<u>.</u>			84 City		- 85 Zin Code
1. Pursuant	t to the provisions of Sections 617.050	02 and 617, 1508, Florida Sta	84 City	corporation submits this statement for the run	FL 85 Zip Code
I. Pursuant office or agent. I a	t to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligations of the section o	02 and 617.1508, Florida Str of Florida Such change we ations of Spection 617.0593	84 City atules, the above-named cas authorized by the corpo Florida Statutes.	corporation submits this statement for the pur oration's board of directors. I hereby accept to oouth	pose of changing its registered the appointment as registered
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made under oath; that I am an officer or director of the corporation or the receiver or trustee and accurate and that my signature shall have the same legal effect as if that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FIGURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description stated in Section 119,07(3)(k), Fkorida Statutes, I will be descripted and that my signature shall have the same legal effect as if that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FIGURE PROPRIETED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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Description stated in Section 119,07(3)(k), Fkorida Statutes, I will be description stated in Section 119,07(3)(k), Fkorida Statutes, I will be description stated in Section 119,07(3)(k), Fkorida Statutes, I will be description stated in Section 119,07(3)(k), Fkorida Statutes, I will be description stated in Section 119,07(3)(k), Fkorida Statutes, I will be description stated in Section 119,07(3)(k), Fkorida Statutes, I will be description stated in Section 119,07(3)(k), Fkorida Statutes, I will be description stated in Section 119,07(3)(k), Fkorida Statutes, I will be descripted and that my signature shall have the same legal effect as if the section 119,07(3)(k), Fkorida Statutes, I will be descripted and that my signature shall have the same legal effect as if the section 119,07(3)(k), Fkorida Statutes, I will be descripted and that my signature shall have the same legal effect as if the section 119,07(3)(k), Fkorida Statutes, I will be descripted and that my signature shall have the same legal effect as if the section 119,07(3)(k), Fkorida Statutes, I will be descripted and the section 119,07(3)(k), Fkorida Statutes, I will be descripted and the section 119,07(3)(k), Fkorida Statutes, I will be descripted and the section 119,07(3)(k), Fkorida Statutes, I will be descripted and the section 119,07(3)(k), Fkorida Statutes

295-440 Daytime Phone #