COF ANNI	ONPROFIT RPORATION UAL REPORT <b>1996</b>		Sandra Secre	ARTMENT OF STATE a B. Mortham stary of State, * F CORPORATIONS				
<ol> <li>Corporatio</li> </ol>	IMENT # . 7 SAHOWITŻKA CRI		(7) On, INC.		A TRACIA REPORT OF A CARD	I I I IIII IIIII	ANNI ANNI AMIN'NAM	I ANDER OVERIN VIOL
Principal Place	e of Business		Mailing Address					
8385 W HER Homosass/ Us			8385 W HERON CT HOMOSASSA FL 3444 US	8				
					3. Date incorporated or Que 09/12/1983	alified	3a. Date of Last 01/27/1	Report 995
	Place of Business 96 So RIVIE	2 2 2 PT: 26	2a. Mailing Address	RIVERA PT	4. FEI Number NOT APPLICAE	LE		Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desir	ed [	⊤ \$8.7	5 Additional
City & State			City & State		6. Election Campaign Finance	cing C	¢E O	Required O May Be
Zip	Countr	y	Zip	Country	Trust Fund Contribution 8. This corporation has liabil		A006	d to Fees
344	9. Name and Addre	TRUS 29 ess of Current Reg		30 CIT-RUS	Florida Statutes 10. Name and Address of I	Dγ	/es 🔲 No	
* 8385 W	E, WALTER HERON CT GASSA FL 34448			83	Address (P.O. BOX Number is Not Acc 16096 So RIVIER	centable)		Code
<ul> <li>8385 W</li> <li>HOMOS</li> <li>11. Pursuant t or register familiar within the second s</li></ul>	to the provisions of Secti red agent, or both, in the lith, and accept the obligation.	ations of, Section 61	10503 Florida Statutes	83 84 City res, the above-named co red by the corporation's DTE: Registered Agent signature re	Address (P.O. Box Number is Not Acc 16096 S. RIVIER 2400 S. A. S. A. IVIER poration submits this statement for the board of directors. I hereby accept the curved when reinstating	he purpose e appointm	$\frac{FL}{3}$	agent. I am
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