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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 819502

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FILED May 15 1997 8:00am Secretary of State

VI 314		Mailing Address 1209 ORANGE STR WILMINGTON DE 19801-11 US	120				
				3. Date Incorporated or Qualified 04/11/1966		of Last Re 7/1996	port
1	Place of Business	28. Mailing Address 26		4. FEI Number 13-2562726			plied For Applicable
Suite Apt	t. #, etc.	Suite, Apt #, etc.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Certificate of Status Desired		\$8.75 A	dditional
City & Sta	ate	City & State	, , , , , , , , , , , , , , , , , , , 	6. Election Campaign Financing		\$5.00	May Be
LZip I	Country	28 Zip 29	Country	Trust Fund Contribution 8. This corporation has liability for the contribution of the	or intangible tax		
	25 9. Name and Address of Curr		30	Florida Statutes 10. Name and Address of New I			
^T	CORPORATION SYSTEM	Att. Lohistoton Wholif	81 Name	1A) LINITIA MILA LINALAGO AL 11011			
120	00 S. PINE ISLAND ROAD ANTATION FL 33324		82 Street Add	dress (P.O. Box Number is Not Accept	table)		
			84 City	<u> </u>	FL	85 Zip C	ode
agent 4	am fam liar with, and accept the ob	ate of Florida. Such change was a digations of, Section 607,0505, Flo	authorized by the corpora orida Statutes.	ation's board of directors. I hereby acc	sept the appoin	ilinbii da i	ogistoroo
GNATURE	Signature: typod or pointed name of registered	ager1 and title if applicable (NOT	E: Registered Agent signature requi		DATE		
GNATURE	Signature: typod or pointed name of registered				DATE FICERS AND D		S IN 12
GNATURE L	Signature: typed or punted name of registered OFFICERS A	agent and title if applicable (NOT	E: Registered Agent signature requi	dred when reinstating)	DATE FICERS AND D	IRECTOR	S IN 12
GNATURE L IF ME	OFFICERS / OFFICERS / OFFICERS / The second of pointed name of registered na	agent and title if applicable (NOT	E: Registered Agent signature required. 13. 1.1 TITLE	dred when reinstating)	DATE FICERS AND D	IRECTOR	S IN 12
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anomation indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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