ANNU	PROFIT PORATION JAL REPORT 1997		Sa	DEPARTMEN ndra B. Mor Secretary of S DN OF CORPO	tham tale	=			3:00am State
lorporation	MENT # Name DGAN CO.	834803	(9)					ANNI ANNI ANNI ANI
sipal Place O VILLA PA HMOND VA			Mailing Address P.O. BOX 15006 RICHMOND VA 2	3227-0406			TARE BOYON THAT OR	E() ((E)) ())))	ALUTU ALUTU ALUTU ATUL
						3. Date incorporated or G 08/06/1975	ualified	a. Date of 03/20	Last Report / 1996
'rincipa' Pl	ace of Business		2a. Mailing Addre	\$\$ \$	<u>. </u>	4. FEI Number 54-1625645			Applied For Not Applicable
suite, Apt	#, elc.		Suite, Apt. #,	etc.		5. Certificate of Status De	sired [ן גער ד	8.75 Additional Fee Regulred
Dity & State			27 City & State			8. Election Campaign Fina			5.00 May Be
'p		Country	28 Zip		Country	Trust Fund Contribution 8. This corporation has lia		······································	Added to Fees
	P. Name and	Address of Current	29 Registered Agent	30	··	Florida Statutes	Ye	es 🗋 No)
	CORPORATION	SYSTEM	inglation rigent		81 Name	10, Hand the Manager			
	0 S. PINE ISLA INTATION FL 3:				82 Street A	Address (P.O. Box Number is Not	Acceptable)	········	
ru•	MIMION FL 3	>>2-9			83	······································		********	
					84 City	a		- 85	Zip Code
Pursuant t office or n agent 1 a	to the provisions o egistered agent, o m familiar with, an	f Sections 607.0502 r both, in the State of d accept the obligati	and 607.1508, Florid f Florida, Such chang ions of, Section 607.0	a Statutes, the e was authori 505, Florida S	above-named ized by the corp Statutes.	corporation submits this statemen oration's board of directors. I here	t for the purp by accept th	ose of chase appointn	nging its registered nent as registered
office or n agent I ar NATURE	egistered agont, o m familiar with, an Signature, typical or point PD GORMAN, G	r both, in the State o d accept the obligati of name of repserred agont OFFICERS AND EOFFREY W	f Florida. Such chang ions of, Section 607.0 and life If applicable	(NOTE Rogisi ETE 1. 1	ized by the corp Statutes. tered Agent signature 1 3. 1 TITLE 2 NAME	required when reinstating) ADDITIONS/CHANGES	TO OFFICER	ose of cha e appointn DATE S AND DIR	nent as registered
office or to agent Lar NATURE	egistered agont, o m familiar with, an Signature, typed or point PD	r both, in the State o d accept the obligati of name of repsered agent OFFICERS AND EOFFREY W PARK DRIVE	f Florida. Such chang ions of, Section 607.0 and life if applicable DIRECTORS	NOTE Rogist (NOTE Rogist ETE 1. 1. 1.	Ized by the corp Statutes. tered Agent signature 3. 1 TITLE	equired when reinstating) ADDITIONS/CHANGES	TO OFFICER	ose of cha e appointn ATE S AND DIR	ECTORS IN 12
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