| ANNU | PROFIT PORATION AL REPORT 1996 | | Sandra E Secreta | RTMENT OF STATE 3. Mortham ry of State CORPORATIONS | | |
|---|--|---|--|--|---|---|
| DOCUN 1. Corporation SAMU | | 13193 A. | (0) | | | |
| | of Business NGTON CLUB BLVD ACH FL 33446 | Ma | Ting Address 7693D LEXINGTON CL DELRAY BEACH FL 3 | | | naa mu aran aran aran aran aran aran aran (aran (afa |
| | | | | | 3. Date Incorporated or Qualified 12/30/1980 | 3a. Date of Last Report 02/21/1995 |
| 2. Principal Pla | ce of Business | 2a. 26 | Mailing Address | | 4. FEI Number 59-2047520 | Applied For Not Applicable |
| Suite, Apt. # | , etc. | 27 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| City & State | | | Orty & State | | 6. Election Campaign Financing Trust Fund Contribution | Store Added to Fees |
| Zip 24 | Country 25 | 29 | Zip | Country 30 | This corporation has liability for i Florida Statutes | intangible tax under s 199.032, ☐ No |
| · · · · · · | 9. Name and Address | of Current Regist | ered Agent | 81 Name | 10. Name and Address of New R | legistered Agent |
| 7693D | Samuel Lexington Club Bl Y Beach Fl 33446 | VD. | | 82 Street Add | iress (P.O. Box Number is Not Acceptab | le) |
| | | | | | | |
| PECIPI | | | | 84 City | <u> </u> | FI 85 Zip Code |
| Pursuant to or registere familiar with | the provisions of Section d agent, or both, in the St i, and accept the obligatio | are of Fronda, Such | change was authonzed | the above named corror | ration submits this statement for the pur and of directors. I hereby accept the appr | FL |
| Pursuant to or registere familiar with SIGNATUHE s | tragent, or both, in the St i, and accept the obligatio | ate of Florida, Such ins of, Section 607.0 epidered agent and the it ar | change was abrinonzeo 505, Florida Statutes. | s, the above named corpo d by the corporation's boa Bugistered Agent sgnature require | and of directors. Thereby accept the apprendix when reinstating) | pose of changing its registered office ointment as registered agent. I am |
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