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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 27 1997 8:00am Secretary of State

1997

DOCUMENT # F18453

(3)

H. S. HENDERSON, III, P.A.

SE NI HADDOD CITY BLVD	466 N HARROR CO
Principal Place of Business	Mailing Address

Principal Place				į.			
466 N HARBOR CITY BLVD MELBOURNE FL 32935 US		466 N HARBOR CITY BLVD MELBOURNE FL 32935-6858 US					
US		US		3. Date Incorporated or Qualifie 02/05/1981	3a. Date of L		
	ace of Business	2a. Mailing Address		4. FEI Number		Applied For	
1] 5] (6 V Suite, Apt #		1006 516 N. Har Suite, Apt. #, etc.	<u>bor City B</u>	yes 59-2086460	\$8	Not Applica 75 Additional	
2	, ca.,	27	J	5. Certificate of Status Desired	11 7"	ee Required	
City & State		City & State	<i>(-1</i>	6. Election Campaign Financing	\$5	5.00 May Be	
3 Mel	bourne, Fl	28 Nelbourn		Trust Fund Contribution		dded to Fees	
₁329	35 25 U.S	29 32935 3	Country JUS	8. This corporation has liability Florida Statutes	Yes No		
	9. Name and Address of Curre	nt Registered Agent	81 Name,	10. Name and Address of New	Registered Agent		
	DERSON, H S, III		Name	fenderson, H.S			
	no. Harbor City Blvd. Bourne Fl 32935		82 Street A	ddress (P.O. Box Number is Not Accep	otable R I . ad		
MECC	DOUNNE PL 32830		83	N. Harbor Cit	3		
			84 Citya		loe l	Zip Code	
		1	117	lelbourne	FL °°	3 70 3	
11. Pursuant t	o the provisions of Sections 107/05	02 and 607 1508. Florida Statutes	the above-named o	corporation submits this statement for the bration's board of directors. I hereby according to the statement for the bration's board of directors.	ne purpose of chan	ging its register	
agent. Lar	familie with and account the solin	pations of Section 607.0605, Plant	da Statutes.	oration's coard of directors. Thereby ac	L — / a	on da rogiatore	
- 9						-	
SIGNATURE		Well of	2	·	1///7		
SIGNATURE	Signature (typ) is or provide almost any series as	gent and Pro Papplicable (No.	Registered Agent signature n	equired when reinstating)	DATE PEICERS AND DIRE	CTORS IN 12	
9	Signatural type of or principal name of region and in	Well of	Registered Agent signature in	equired when reinstating) ADDITIONS/CHANGES TO OF	V 0		
SIGNATURE	Signature (typ) is or provide almost any series as	yort and No Papplicable (No.) ND DIRECTORS	Registered Agent signature in	equired when reinstating) ADDITIONS/CHANGES TO OF	V 0		
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information indicated on Lam an officer or direct appears in Block 12 or inual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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