COF	PROFIT RPORATION JAL REPORT 1998	G FEE AFTER	FLORIDA DEP Sandra Secre	ARTMENT OF STATE B. Mortham tary of State CORPORATIONS	FIL Mar 18 19 Secretary	98 8:(
LANDE Principal Plac 838 CORBIN		Mailin PO E	(1) 19 Address 30X 701 JNIAK SPRINGS FI	. 32433-0701			
	lace of Business	28. Ma	ailing Address		DO NOT WRITE IN 1 3. Date Incorporated or Qualified 06/02/1981 4. FEI Number		oplied For
21 Suite, Apt	#, otc	26 Su	ite, Apt #, etc.		59-2097105	¢0 75	ot Applicable Additional
2 City & Stat	0	27	ly & Stale		6. Election Campaign Financing		beriupe
3 Zip	Countr	28		Country	Trust Fund Contribution	Added	to Fees
4	25	29 29 29 Current Registere		30	8. This corporation owes or has paid th Personal Property Tax due June 30. 10. Name and Address of New Register	Yes [angible No
11. Pursuant	to the provisions of Sec	tions 607 0502 and 607 1	1508, Elorida Stati	B3 B4 City		FLI	Code
SIGNATURE		tions 607 0502 and 607.1 1, in the State of Florida 1 rept the obligations of Sc Follèpsleret applied bite / ap		84 City	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	FLI	ts registered registered
SIGNATURE	Skynatoro, typed or product nan-		ula uble (NC	84 City utos, the above-named cor authorized by the corpore lorida Statutes.	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	PL pose of changing It pappointment as	ts registered registered
SIGNATURE	Signature, function professional O PSD ROSEN, JERALD 838 CORBIN GAIN	e of tegesleood age of and bite if ap	okoble (NC RS	84 City utos, the above-named cor authorized by the corpora lorida Statutes.	rporation submits this statement for the purporation's board of directors. I hereby accept the lifed when reinstaling) D/	PL pose of changing it pappointment as ATE AND DIRECTOR	IS registered registered IS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, function professional O PSD ROSEN, JERALD 838 CORBIN GAIN	FFICERS AND DRECTO	okoble (NC RS	84 City Jlos, the above-named corr authorized by the corpore forida Statutes. Ite corpore 11 Registered Agent signature required 13. Ite corpore 12 NAME Ite corpore 13 STREFT ADDRESS Ite City-St-ZiP 21 TITLE 2 NAME 2 STREET ADDRESS	rporation submits this statement for the purporation's board of directors. I hereby accept the lifed when reinstaling) D/	PL pose of changing it pappointment as ATE AND DIRECTOR	ts registered registered
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