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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

RAY'S	Name # F517 B IRRIGATION SYSTEMS,	\		A HABINAR AKAY BYAR KURU WARKA N	17/0 (10) 110) - 17/0/ 1/0/ 1/0/ 1/0/ 1/0/ 1/0/ 1/0/ 1/0
Principal Place	of Business	Mailing Address			
C/O BERNA 189 GOLF (VENICE FL US		189 GOLF CLUB U C/O BERNARD B VENICE FL 34293 US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		11/02/1981	04/19/1995
21		26		1	Applied For Not Applicab
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		59-2139026	S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Crty & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Contribution	Added to Fees
24	25	Z _P	Country 30	8. This corporation has liability for Florida Statutes Yes	intangible tax under s. 199.032,
	9. Name and Address of Curre			10. Name and Address of New F	
			81 Name		<u>.</u>
SOLA,	Bernard, B.		82 Street Add	dress (P.O. Box Number is Not Acceptab	nle)
189 GO	LF CLB LANE				
VENICE	FL 33595		83		
			84 City	A Marian	85 Zip Code
	the provisions of Sections 607.05(d agent, or both, in the State of Fio , and accept the obligations of, Se			oration submits this statement for the pur ard of directors. I heroby accept the appe	rpose of changing its registered office only and a registered agent. I am
familiar with	, and accept the obligations of, Secondary, the organization of protections of registered against the organization of the orga	ction 607.0505, Florida Statuti		ard of directors. Thereby accept the app	pose of changing its registered officient as registered agent. I am
familiar with SIGNATURE S 12.	, and accept the obligations of, Sec gnature, typed or peritod name of registrated ago OFFICERS AL	otion 607,0505, Florida Statute	NOTE: Registrat Agent squares reques	ard of directors. Thereby accept the app	pose of changing its registered officient as registered agent. I am
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SIGNATURE:

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