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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F86619

(6)

BOXER STATION, INC.

FILED Mar 13 1998 8:00am Secretary of State

00/12/1	TOTATION, INC.									
Principal Plac	ce of Business	Mailing Ad	dress				19 19 19 19 19 19 19 19 			
111 2ND AVE	: AIC	111 2ND A	IVE NE							
	BURG FL 33201		ISBURG FL 3320	01			DA NOT MO	TE 41 T: 110	00100	
						Doto In	DO NOT WRI		SPACE	
						į.	corporated or Qualifie	a		
2 Princinal P	Place of Business	2a. Mailing	Address			4. FEI Nur	<u>1/1982</u>			American For
21	ized of Business	26 viaining	Addiess			1				Applied For
Suite, Apt.	# etc		pt. #, etc.			28-5	205120			Not Applicable Additional
22	.,	27	p, 0.0.			5. Certifica	ate of Status Desired			Regulred
City & State	te	City & S	State			6. Election	Campaign Financing			0 May Be
23		28				i i	and Contribution			to Fees
Zip	Country	Zip		Country	у	8. This cor	poration owes or has	paid the cu	rent year I	ntangible
24	25	29		30		Persona	al Property Tax due Ju	ne 30. [Yes	□ No
	g. Name and Address of Cu	rrent Registered Ag	jent			10. Name a	ind Address of New	Registered	Agent	
	TRICK, SAMUEL			81	Name					İ
	1 2ND AVE NE			82	Street A	ddress (P.O. Box	Number is Not Accept	lable)		
ST	PETERSBURG FL 33201				ļ		···			
				83	1					
				84	City		· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
					<u> </u>			FL	. [] [
office or re	to the provisions of Sections 607, registered agent, or both, in the S	.0502 and 607.1508, tate of Florida, Such	Florida Statutes	s, the abov	e-named c	orporation submit	s this statement for the	purpose of	f changing	its registered s registered
			Dilaliue was au	amonzea o	v ine corpo					
agent. I ai	m familiar with, and accept the o	bligations of, Section	607 0505, Flori	ida Statute	y the corpo is.	ration's board on	unbolois : 1 1101009 400	op. tile app	OR REPORT D	
agent. i ai	im tamiliar with, and accept the o	bligations of, Section	607.0505, Flori	ida Statute:	·S.				ON IDITION B	
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registere- OFFICERS TSD HETRICK, JEAN	bligations of, Section d agent and title if applicable AND DIRECTORS	607.0505, Flori	Registered Age 13. 1.1 Title 1.2 NAME	ent signature re	equired when reinstating)		DATE	DIRECTO	PRS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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