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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: LOSILLEEU



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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| Principal Place o | f Bueinase | | Ma | ailing Address | | | | | | | | AHL DOIDI HEET I | 1944 I JURIO VIIII I JOB |
| • | | | | P.O. BOX 655 | | | | | | | | | |
| P.O. BOX 655 WOODSTOCK | | | | WOODSTOCK GA | 0188 | | | | | | | | |
| | | | | | | | | 1 | te Incorporated 03/09/1994 | or Qualified | 3a. | Date of Last 04/27/1 | • |
| Principal Plac | of Busines | ee | 28 | Mailing Address | | | | | Number | | | 74/21/ | Applied For |
| 1 | Principal Place of Business | | | F-7 & A | | | 58-2027869 Not Applicable | | | | | | |
| Suite, Apt. #, | etc. | | | Suite, Apt. #, etc. | | | | 5. Ce | rtificate of Statu | s Desired | | | 5 Additional Required |
| 2 0 0 0 0 | | | 27 | City & State | | | | 6 Fla | ction Campaign | Financing | | | 00 May Be |
| City & State | | | 28 | PALM HV | RBOR | FC | | 1 ' | ist Fund Contrib | _ | | | led to Fees |
| Zip | | Country | | Zip | Co | untry | | | is corporation ha | | | ble tax under | s 199.032, |
| 24 | | 25 | 29 | 34649 | 30 | inell | <u>as</u> _ | 1 | orida Statutes ame and Addre | ☐ Ye | | <u> </u> | |
| | 9. Name | and Address of Curre | ent Regis | itered Agent | | 81 Na | nie | 10. Na | me ano Addre | SS DI NEW | negiste | BIBO Agent | |
| 1410011 | ****** | DEL D | | | | 1 1 | | | 6 | lat Assess | | | |
| | MACK, JU | DITH B | | | | 82 Str | eet Add | ress (P.O. I | Box Number is I | vot Accept | агие) | | |
| 75 NE 67 | BEACH F | 1 22422 | | | | 83 | | | | | | | |
| DELINAT | DEAGN | L 55765 | | | | 84 Cit | | | | | | —. 85 | Zip Code |
| | | | | | | 0T OIL | y | | | | | FL T | • |
| 11. Pursuant to or registere | the provision | oris of Sections 607.050 both, in the State of Flo | 02 and 60 orida. Suci | 07.1508, Florida Sta h change was autho | tutes, the ab | ove-name corporation | d corpo on's boa | eration subreard of direct | mits this stateme tors. I hereby ac | ent for the p cept the ap | ourpose o opointme | of changing it ent as register | s registered off ed agent. I am |
| or registerer familiar with SIGNATURE | d agent, or l n, and accer | both, in the State of Flo the obligations of, Se or printed name of registered age | orida. Suci ection 607 ant and little if | n change was autho .0505, Florida Statu applicable | INOTE: Registere | d Agent signa | JII S 100a | and or direct | ating) | | | ATE | |
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