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PROFIT CORPORATION ANNUAL REPORT,

1997



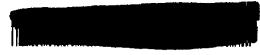
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500000915 (7)

FILED Sep 19 1997 8:00am Secretary of State



Principal Plac	ce of Business	WIEDIA STSTEIWIS		Address						VIII				
PO BOX 1003 NASHVILLE TI				100307 LLE TN 37224-030	70									
									 Date Incorporate 02/24/1995 	ed or Qualified		ate of La /09/199		port
2. Principal Place of Business			h	2a. Mailing Address				- 7	4. FEI Number				Арр	lied For
1			26				_	<u>62-1039513</u>	3		- ,ļ .		Applicab	
Suite, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.					Certificate of Sta	itus Desired			5 Ac	dditlonat ruired
City & Sta	te			& State					6. Election Campai	ion Einancing			<u> </u>	May Be
23			28						Trust Fund Cont					Fees
Zip		Country	Zip		Cou	ntry			B. This corporation	has liability fo	or intangibl			
24		25	29		30			L	Florida Statutes		☐ Yes	☐ No		
	9, Name	and Address of Curre	ent Registered	Agent				1	o. Name and Add	ress of New i	Registered	Agent		
	hroth, noi					81	Name							
931 SO. SEMORAN BLVD. WINTER PARK FL 32792							Street A	Address (P.O. Box Number is Not Acceptable)						
4411,	TICH FANN	FL 32/82			ļ	83								
					}	84	City					85	Zip Co	ode
											<u>Fl</u>		·	
11. Pursuant office or	to the provisi	ons of Sections 607.05	502 and 607.15	08, Florida Statu	ites, the ab	bove-	-named the corp	corporation's	ion suomits this sta board of directors	. I hereby acc	ept the an	pointmen	t as re	egistered.
11. Pursuant office or agent. I a SIGNATURE		ons of Sections 607.05 ent, or both, in the Stat th, and accept the obli or printed name of registered a							ion suprnits this sta s board of directors	. I hereby acc	ept the ap	pointmen	t as re	egistered
SIGNATURE	Signature, typed	or printed name of registered a		cable. (NC	OTE: Registered	d Agen					DATE	D DIREC	TORS	IN 12
SIGNATURE 12. TITLE	Signature, typed	or printed name of registered a OFFICERS A	agent and title if applic	cable. (NC	13.	d Agen			nen rainslating)		DATE	• .	TORS	
SIGNATURE 12. TITLE NAME	CP SANDLIN	OFFICERS A	agent and title if applic	cable. (NC	13. 1.1 TIT	Agen TLE	nt signature		nen rainslating)		DATE	D DIREC	TORS	IN 12
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I do 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block/13 if changed, or on an attachment with an address.