	ON OR BEFORE 87/96: \$61.25 ONPROFIT PROPATION JUAL REPORT 1996		FLORIDA DE Sano Sec	PARTMENT OF STATE fra B. Mortham retary of State OF CORPORATIONS	.25.)			
1. Corporate	JMENT # F9 ERNATIONAL SOCIETY		001440 (E LOVE (INCOR	• ,		1811-182 1516 BITM BAILL BAI	in asai asi si isi isi isi isi isi	
•	ice of Business		Mailing Address					
400 BARSANA RD. AUSTIN TX 78737			400 BARSANA RD. AUSTIN TX 78737					
					3. Date Inc	orporated or Qualified 3/24/1995	3a. Date of La	st Report
21	Place of Business	26 26	+		4. FEI Num	ber 1-2673063		Applied For Not Applicable
Suite, Apt.		27	Suite, Apt. #, etc.		5. Certifical	te of Status Desired		5 Additional e Required
City & Stal	ite	28	City & State			Campaign Financing and Contribution	□ \$5.	00 May Be
Zip !4	Country 25	29		Country 30		poration has liability for i		·
	9. Name and Address of			81 Name		nd Address of New Re		
	ILA, MARK				ddress (P.O. Box N	lumber is Not Acceptab		
	N. 47TH AVE. YWOOD FL 33021			83		umber is Not Acceptac		
					W		les l	- ~ .
11. Pursuant	to the provisions of Sections 6	517 0502 and 6	S17 1508 Elovida Sta	84 City			<u> </u>	Zip Code
11. Pursuant office or ragent. I a	t to the provisions of Sections 6 registered agent, or both, in th am familiar with, and accept th	617.0502 and 6 ne State of Flori ne obligations o	317.1508, Florida Sta da. Such change wa fl, Section 617.0503,	84 City	orporation submits t	this statement for the pu ectors. I hereby accept	<u> </u>	<u> </u>
11. Pursuant office or r agent. I a SIGNATURE	am familiar with, and accept th	ne obligations o	of, Section 617.0503,	84 City tutes, the above-named constant sauthorized by the corporation of the corporation	ration s board of diri	this statement for the pu ectors. I hereby accept	Irpose of changing the appointment a	<u> </u>
agent. I a SIGNATURE 12.	am familiar with, and accept th Signature, typed or printed name of region	ne obligations o	of, Section 617.0503, e if applicable (I	tules, the above-named constant substitution and the corporation a	ration's board of diri	this statement for the puectors. I hereby accept	Jrpose of changing the appointment a	its registered as registered
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