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PROFIT CORPORATION ANNUAL REPORT



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

1996

 Corporation 	MENT # F950							
,	EMPS, INC.				 	i 88111 88 111 88 111 8		<u> </u>
Principa! Place	of Business	Mailing Address						
,	green Parkway. Suite f 01	-		ITE F	3. Date Incorporated or Qualific	ed 3a. Date	e of Last R	eport
	····		·		07/24/1995			,
Principal Pla	ace of Business	2a. Mailing Addre	ess		4. FEI Number 84-1302031			Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	· D	\$8.75	Additional
City & State	9	City & State			6. Election Campaign Financing			Required
		28			Trust Fund Contribution	g 🗀		O May Be d to Fees
Zip	Country	Zιp	Coun	atry	8. This corporation has liability			
<u> </u>	9. Name and Address of Cur	29 rrent Registered Agent	30		Florida Statutes 10. Name and Address of Ne	Yes No w Registered	Anent	
	0, 1141114 4114 1141	Total Congression		81 Name	Ty. Hollie and required at the	w mogrational.	Ayou	
THE PRENTICE-HALL CORPORATION		N SYSTEM, INC.	ļ,	82 Street Add	dress (P.O. Box Number is Not Accept	otable)		
	AYS STREET		Ļ	B3				
SUITE 1	105 HASSEE FL 32301							
I/LU-u	MODEE FL OZOVI		[4	84 City		FL	85 Zi	p Code
 Pursuant to 	o the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the abov	n-named corpo	oration submits this statement for the	purpose of cha	anaina its r	registered offic
or registere familiar with IGNATURE	o the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	rlorida. Such change was a Section 607.0505, Florida S	authorized by the co	orporation's boa	oration submits this statement for the and of directors. I hereby accept the a	purpose of cha	anging its r registered	registered offic I agent. I am
or registere familiar with	ed agent, or both, in the State of Fith, and accept the obligations of, Signature, typed or printed name of registered a OFFICERS	Florida, Such change was a Section 607.0505, Florida S agent and title if applicable AND DIRECTORS	authorized by the co Statutes. (NOTE: Registered A	Orporation's boo	ard of directors. I hereby accept the a	purpose of cha appointment as DATE	registered	l agent. I am ORS IN 12
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SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR