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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

F95000004149 (9)

STARYAK & ASSOCIATES, INC.

Principal Place of Business

Mailing Address



Suite, Apt. #, etc. 22 # B City & State 23 COCOA BE 24 33 V 9 3 9, Nan WOLFE, LARRY 200-A JOHN K TALLAHASSEE 11. Pursuant to the provor registered agent, familiar with, and act SIGNATURE SI	ATTANTE AVI	Suite, Apt. #, etc. 27 City & State 28 Zip 29	Co. 30	untry 81 Name 82 Street Addr	3. Date Incorporated or C 08/28/1995 4. FEI Number APPLIED 5. Certificate of Status De 6. Election Campaign Fin Trust Fund Contributio 8. This corporation has lia Florida Statutes 10. Name and Address 1	esired ancing n ability, for intangible ta.	\$8.75 Fee F \$5.00 Added x under s	Applied For Not Applicable Additional Required May Be d to Fees
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9. Nam WOLFE, LARRY 200-A JOHN K TALLAHASSEE 11. Pursuant to the provor registered agent, familiar with, and act of signature. Sig	y NOX RD. FL 32303-6643	egistered Agent		1	10. Name and Address	of New Registered	Agent	
200-A JOHN K TALLAHASSEE 11. Pursuant to the provor registered agent, familiar with, and ac SIGNATURE SIGNATURE 12. 11ILE NAME STREET ADDRESS 169	(NOX RD. E FL 32303-6643							
200-A JOHN K TALLAHASSEE 11. Pursuant to the provor registered agent, familiar with, and ac SIGNATURE SIGNATURE 12. 11ILE PCI NAME STA	(NOX RD. E FL 32303-6643			82 Street Addre	TOPRAL S	<i>」 かんいみ</i>	•	
TALLAHASSEE 11. Pursuant to the provor registered agent, familiar with, and ac SIGNATURE SIGNATUR	FL 32303-6643				ess (P.O. Box Number is Not	Acceptable	\ <u>\</u>	
11. Pursuant to the provor registered agent, familiar with, and ac SIGNATURE Signature. Structure. Structure. STA	007.0500 co			83	645 CANTO	RBURY X	3K_	
or registered agent, familiar with, and ac SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE STATE PCI	visions of Sections 607.0502 and							
or registered agent, familiar with, and ac SIGNATURE 12. 1ITLE PCT NAME STA	visions of Sections 607.0502 and			84 City	(21 Am A . /m 'c	FI	85 Zir	Code 3
or registered agent, familiar with, and ac SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE STATE PCI		d 607.1508. Florida Sta	atutes, the ab	ove-named corpora	ation submits this statement f	or the purpose of cha	nging its r	egistered office
SIGNATURE Signature, No.	or both, in the State of Florida.	Such change was auth	orized by the	corporation's boar	rd of directors. I hereby accep	t the appointment as	registered	agent. I am
12. 11/LE PC1 NAME STA	Clean Ta	RUAR	Gentle	e STARK	IAK- PRESIDEN	7 2/27	196	1
NAME STREET ADDRESS 169				d Agent signature requil o	d when reinstating)	ATE	1 -	
NAME STA	OFFICERS AND D		13.		ADDITIONS/CHANGES			
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STREET ADDRESS			6.3	STREET ADDRESS				
CITY-ST-ZIP			6.4	CITY - ST - ZIP	for the exemption stated in Se			

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 atjachment with an address.