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**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # F96000003442 (8)

## **FILED** May 14 1998 8:00am Secretary of State

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Principal Plac	e of Business		Mailing	Address					i nddyndd tyfd folid blyfi ddyff ddill d			Bigin reds 1009
2809 N OAKL	AND FOREST DR		-	OAKLAND FORE	ST DR							
	IRK FL 33309			ND PARK FL 333				Í				
·									DO NOT WRIT	E IN THIS	SPACE	
								ļ	3. Date Incorporated or Qualified			
<b>A B 1 1 2 1 3</b>	1 - 1 - 1 D		- 1 0 - 14 - 1						07/08/1996			
Z. Principal P	lace of Business		2a. Mailing Address 26 Suite, Apt. #, etc.					4. FEI Number		<b>├</b> ──	Applied For	
Sulte, Apt.	ME BEACH FI							65-0520709			Not Applicable	
	π, φιο.		27	c, Apr. #, etc.					<ol><li>Certificate of Status Desired</li></ol>			5 Additional Regulred
City & State	e			& State			· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing			00 May Be
23				28					Trust Fund Contribution	Μ		ed to Fees
Zip		Country	Zip		Co	untry			8. This corporation owes or has p	aid the cur		
24	25		29		30				Personal Property Tax due Jun		Yes	☐ No
	9. Name and	Address of Curren	t Registered	Agent		$I_{-}$			10. Name and Address of New R	egistered.	Agent	
C,	T OORPORATIO	N SYSTEM				81	Name					
		E ISLAND ROAD				82	Street	Addres	ss (P.O. Box Number is Not Accepta	hle)		
PU	antàtion fl 3	3324				["]	5550,	,		,		
						83						
						84	City				85 Z	ip Code
	_									FL	i 1	`
11. Pursuant	to the provisions	of Sections 607.050	2 and 607.15	08, Florida Statul	ios, the	above	-named	corpor	ration submits this statement for the n's board of directors. I hereby acco	purpose of	changing	its registered
agent. I a	m <b>fam</b> iliar with, ac	or born in the state nd accept the obliga	ations of, Sec	tion 607.0505, Fi	orida Sta	atutés	tine corp	poraboi	ins doard of directors. Thereby acce	spt the app	ommment	as registered
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SIGNATURE							, ·					
SIGNATURE	Signature, typicid or prin	god name of registered age		cable (NO)	£ Register	ed Age			when reinstating)	DATE		
12.		of those of registered age OF FICERS AND		cable (NOI	E Register	ed Age				DATE	DIRECT	
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14. I 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 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 attachment with an address.