COF	ON OR BEFORE 9/17/97: \$550 (IF PROFIT RPORATION JAL REPORT 1997	FL	ORIDA DEPAI Sandre I	RTMENT B. Morth ary of Stat	OF STATE	Aug 06 Secre		7 8:	
MS SER	MENT # F9600 WICES, INC.	0000538 Mailing Ad							
.O. BOX 6005 IDGELAND M	5 S 39158-8005		P.O. BOX 6005 RIDGELAND MS 39158-6005			DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualifie 10/16/1996 	ed 3a. Dat	e of Last R	leport
Principal P	Place of Business	2e. Mailing 26	Addross			4. FEI Number 64-0643391	ł		optied For of Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
City & State	0	27 City 8 3	State		······	6. Election Campaign Financing	·····	Fee Re \$5.00	May Be
Zip	Country	28 Zip			untry	Trust Fund Contribution 8. This corporation owes or has		ent year Int	to Fees
· · · · · · · · · · · · · · · · · · ·	25 9. Name and Address of Co	29 urrent Registered Ag	gent	30	<u></u>	Personal Property Tax due J 10. Name and Address of New			No No
			82 Street Add		dress (P.O. Box Number is Not Acceptable)				
	0 SOUTH PINE ISLAND ROA NTATION FL 33324	ND	x			ress (P.O. Box Number is Not Accept	otable)		
PLA	NTATION FL 33324				83 84 City		FL		Code
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PLA Pursuant i office or n agent. I a GNATURE	NTATION FL 33324 to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the c Signature, typed or printed name of register OFF ICERS	7.0502 and 607.1508, State of Florida, Such obligations of, Section red agent and little if applicable S AND DIRECTORS	n change was n 607.0505, Fi	authorize orida Sta IE. Registerc 13,	83 84 City bove-named corp d by the corpora tutes. d Agent signature requi	ooration submits this statement for the form is board of directors. I hereby ac	FL re purpose of a cept the appo	changing it intment as DIRECTOR	s registered registered IS IN 12
PLA • Pursuant i office or n agent. I ac GNATURE	NTATION FL 33324 to the provisions of Sections 607 registered agent, or both, in the 5 m familiar with, and accept the c Signature, typed or printed name of register OFF ICERS PD FURMAN, ROBERT S 715 S PEAR ORCHARD R RIDGELAND MS	7.0502 and 607.1508, State of Florida, Such obligations of, Section red agent and little if applicabil S AND DIRECTORS	n change was n 607.0505, Fk	authorize orida Stat IE. Registerc 13. 1.1 Tr 1.2 N 1.3 S	83 84 City bove-named corp d by the corporat tutes. d Agent signature requi	poration submits this statement for the form of directors. I hereby active when reinstating)	FL re purpose of a cept the appo	changing it intment as	s registered registered
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