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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600005387 (3)

STUDIO PLUS PROPERTIES, INC.

FILED Apr 11 1997 8:00am Secretary of State



rincipal Pia	ace of Business	Mailing Address				Marte Elite Artiff fer-	
	OND RD., STE 4	1999 RICHMOND RD LEXINGTON KY 40502-					
			·- / •		3. Date Incorporated or Qualified 10/16/1996	3a. Date of L	. '
Principal	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
		26			61-1274417		Not Applica
Suite, Ap	ot #, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired		75 Additional ee Required
City & St	ale	City & State	··············		6. Election Campaign Financing	\$5	.00 May Be
		28	~·	, .	Trust Fund Contribution		ded to Fees
Zφ	Country	Zip	Cour	try	8. This corporation has liability for it		der s. 199.032,
	[25]	29	30			Yes 🔀 No	
	9. Name and Address of Curr	ent Registered Agent		Name	10. Name and Address of New Reg	estered Agent	
	T CORPORATION SYSTEM			Name			
	200 SOUTH PINE ISLAND ROAD		Ţ	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
Pl	ANTATION FL 33324		<u> </u>				
			Ι'	33			
			-	4 City			Zip Code
					provation submits this statement for the pration's board of directors. I hereby accept	FL "	
BNATUR	Stansfure, typed or pointed name of registered a	nent and title if applicable	NOTE: Registered	Agent signature reg	puired when reinstating)	DATE	
	Signature, typed or printed name of registered a	ngent and title if applicable (NOTE: Registered	Agent signature req	juired when reinstating) ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
	OFFICERS A						
	Signature: typed or preted name of registered a OFFICERS A PD COWGILL JR, NORWOOD	ND DIRECTORS	13.	E		ERS AND DIREC	
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information indicated on this armulal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that it 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 Byeck 13 if changed, or on an attachment with an address.

SIGNATURE

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylore Proce 4