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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

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Apr 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001886 (7)

COSTA MESA CA 92626

	SHAF HEHVOICHVIOLA OF	RVICES, INC.			
Principal Plac	ce of Business	Mailing Address			0343 007401 410001 FDCD1 1031 3 #510 1006
		245 FISCHER AVE D-1			
COSTA MESA CA 92626		COSTA MESA CA 92626		DO NOT WORK IN	TUID OBACE
				DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE
				04/11/1997	
2 Principal F	Place of Business	2a, Mailing Address	· · · · · · · · · · · · · · · · · · ·	4, FEI Number	Applied For
	NACO OF EGGNIOUS	26		33-0522520	Not Applica
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			60.75
		27		5. Certificate of Status Desired L	Fee Required
City & Stat	te	City & State	·· ····	6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	
<u>. </u>	25	29	30	Personal Property Tax due June 30	
	9. Name and Address of Curre		81 Name	10. Name and Address of New Regis	tered Agent
	TIONSCORP REGISTERED AGE	:NTS, INC.] J	ames L. Ritchey, Esq.	
	6 E PARK AVE		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
IA	LLAHASSEE FL 32301		83	00 South Orange Avenue	
			83		
			64 City		85 Zip Code
			\	arasota,	FL 85 34236
	ain familiar with and to the object	of Florida, Such change was gations of Section 607.0503, I	authorized by the corporation Statutes.	orporation submits this statement for the our pration's board of directors. I hereby accopt the	ne appointment as registered
SIGNATURE	. Signature, typed a pointed made of the sterest as	HOLDERS TO	II Bugistered Agent signature is	squired whore reinstating) ADDITIONS/CHANGES TO OFFICE	DATE IS AND DIRECTORS IN 12
SIGNATURE	Signification by particular and colors are established to the Color of	and Attended	II: Pogistered Agent signature re 13. 1.1 TITLE	rquired when reinslating) ADDITIONS/CHANGES TO OFFICER P. CEO, O	78 DATE
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6.4 CITY - \$1 - ZIP 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.