2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 30, 2004 8:00 am Secretary of State

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Principal Plac	e of Busines	s	Mailing Address							
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	6. Name	and Address of Current F			, , , , , ,	7. Name and	Address of New R	egistered A	gent	
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C T CORP	ORATION	SYSTEM								
	,	ISLAND ROAD	Street Address			(P.O. Box Number	r is Not Acceptable)		
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the obligat	tions of regis	y submits this statement for	the purpose of changing its	s registere	ea onice or registe	ered agent, or both	n, in the State of Fic	orida. ≀am ia	ımıllar witn,	and accept
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SIGNATURE.	. * *									-
OIGHATORE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature requir	ed when reinstating)		DATE		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 16/04

250 220 102

Daytime Phone #