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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

1. Corporat	JMENT # G26 JE CHIP TOOL OF FLORID	, -))	I IARUM AANA MARA AMA AMA AMA	16ii8 Alii Gigii Bloir Alba	li Grāli ērēki slalu ladi	
Principal Place of Business Mailing Address 3669 NW 124 AVE.							
CORAL S	PRINGS FL 33065	3669 NW 124 AVE. CORAL SPRINGS FL 33065					
2. Principal F	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1983	3a. Date of Las 06/12		
21 Suite, Apt	# oto	26		4. FEI Number 59-2259877		Applied For	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.	Not Applicable 75 Additional	
City & Sta	te	City & State		6. Election Campaign Financing	Fe	e Required	
Zip	Country	28 Zip	Country	Trust Fund Contribution	Adı Adı	.00 May Be oed to Fees	
24	9. Name and Address of Curr	29	30		□No	□No	
		ent negistered Agent	81 Name	10. Name and Address of New R	legistered Agent		
	r, max g NW 124 ave			dress (P.O. Box Number is Not Acceptable	·		
	L SPRINGS FL 33065		83	riess (r.o. Box Number is Not Acceptable	le)		
Pursuant to the provisions of Sections 607.6			84 City			Zin Carda	
11. Pursuant i or register	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut		ration submits this statement for the		Zip Code	
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable (NC	tes, the above-named corporated by the corporation's boals.	ration submits this statement for the purp and of directors. I hereby accept the appoin	pose of changing its intment as registere		
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable (NC	tes, the above-named corporated by the corporation's boals. DTE Registered Agent signature require. 13.	id when reinstating	pose of changing its intment as registere	registered office ad agent. I am	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR G. RAIGO