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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # G27856

(5)

DEMERITT AND ASSOCIATES, INC.

FILED May 15 1997 8:00am Secretary of State

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Principal Place of Business 10204 USA TODAY WAY MIRAMAR FL 33025 US		10204 U	Mailing Address 10204 USA TODAY WAY MIRAMAR FL 33025-3905 US			r 1996 Held ildie ildie field field field field field indie 1981 Held ildie 1981						
:								3. Date Incorpor 03/11/1983	ated or Qualified		ite of Last I 21/1996	Report
· · · · ·	Place of Business		} -	iling Address				4. FEI Number			J	pplied For
21	41		26					59-22641	41			lot Applicable
Suite, Apt.	#, Oto.		27 Suit	le, Apt. #, etc.				5. Certificate of	Status Desired			Additional lequired
 City & State 	е			/ & State			***************************************	6. Election Camp	paign Financino		\$5.00	May Be
23			28					Trust Fund Co				to Fees
Zip 24	C)	ountry	Z(p		Cour 30	ntry		8. This corporati	on has liability for	intangible Yes		s. 199.032,
	9. Name and A	ddress of Curn		d Agent	130			10. Name and A				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DEM	ERITT, FRED					81	Name					
1020	da usá today v	VAY			-	82	Street Addr	ress (P.O. Box Numb	er is Not Accepta	ble)		
MIRA	NMAR FL 33025				[
:						83		:				
•					ŀ	84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of	Sections 607.0	502 and 607.15	508. Florida Statu	ries, the ab	ove-t	named cord	poration submits this tion's board of direct	statement for the		changing	its registered
agen. ra	un familiar with, and	raccept the oth	ilgations or, oct	20001 007.0003, 1	ionda olali	ALOS.						
SIGNATURE.	Signature, typed or public			~		Agent	signature requi	red when reinstating)		DATE		
·12.	Signature, typed or public		agent and title I appe AND DIRECTOR	RS	13.		signature requi		HANGES TO OFFI			
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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 of Lam 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 in

SIGNATURE:

Daytime Phone #