	7									g.:	
SECOND NO	NCE: CO	RPORATION	WILL BE DIS	SOLVED ON O	R AFTER S	EPTEN	IBFR 30. 1	1998.			
AMOUNT DU	E ON OR B	EFORE 09/30/98:	\$550 (IF DISSOL	VED, MINIMUM AM	OUNT DUE TO	REINST	ATE: \$750).		_		
	PROFIT			FLORI	DA DEPART	MENT C	F STATE			\$ 	
	PORAT				Bandra B. I	Mortha	mr *		·	#	
ANNUAL REPORT				Secretary of State					FILED	*	
1998 DIVISION OF C							TIONS		00 1111 00 111 0	E	
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US				US 35756					3. Date Incorporated or Qualified		
2. Principal P	lara A Rus	elnaes .		2a. Mailing Add	Irecc				05/27/1983 4. FEI Number	Applied E	
21	indica (g) Du	airio a a		26 Walling Add	11033				59-2345234	Applied F	
Suite, Apt.	#, etc.			Suite, Apt. i	#, etc.		_		5. Certificate of Status Desired	\$8.75 Addition	
22	1			27			_		o. Commone of Change Section	Fee Required	
City & State	6 .			City & State	9 .				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Feet	
Zip	<u>_</u> _	Country		Zip		Count	ŗy	· -	8. This corporation owes or has paid the cu		
24	25 9. Name and Address of Current			29 30					Personal Property Tax due June 30.	Yes No	
EAVA			s of Current R	egistered Agent	<u></u>		1 Name		10. Name and Address of New Registered	Agent	\dashv
FAVREAU, GLORIA 2211 DAVIES AVE							2 Street	A 44	ss (P.O. Box Number is Not Acceptable)	1	
DUNEDIN FL 34698				8			500007	Addres	ss (P.O. Box Number is Not Acceptable)	***************************************	
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	(Bellet)					8	4 City		FL	85 Zip Code	
11. Pursuant	to the pro	visions of section	ns 607.0502 ar	nd 607.1508. Flori	ida Statutes.	the abov	re-named co	corpore		anging its registere	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.											
SIGNATURE		Gloria	- Fa	nean						-	
	Signature, typ	ed or printed hame of	registered agent and		(NOTE	Registered	Agent signatur	ure nequire	od when reinstating) DATE	A DIRECTORS IN	-
12.	P	. Ori	TICERS AND L		DELETE	1.1 TITLE		T	ADDITIONS/CHANGES TO OFFICERS A		ddition
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NAME	ilitaa 1			-		6.2 NAME	: Ì	1		- Y(4)	וג

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), 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.

Annual Contract of the corporation of t

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