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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sccretary of State

DIVISION OF CORPORATIONS

1. Corporation STOCI	MENT # G575 3 K DALE TECHNOLOGIES, I		()					
Principal Place	of Business	Mailing Address			- I MOINT OUL FINA IOU	181 81108 (1181 1181		
rincipal Place of Eusiness 114 NORTH POPLAR AVE. SANFORD FL 32771		114 NORTH POPLAR AVE. SANFORD FL 32771						
					3. Date Incorporated or Q	Qualified 3s.	Date of Last R	
					08/30/1983		02/06/1	
2. Principal Plai []	ce of Business	2a. Mailing Addr	ess		4. FEI Number 59-2314437			Applied For Not Applicable
L. Suite, Apt. #	, etc.	Suite, Apt. #	, etc.		5. Certificate of Status De	ocirod 🗖		Additional
1		27			a. Certificate of Status De	esired	Fee	Required
City & State		City & State			6. Election Campaign Fina Trust Fund Contribution	n U	Adde	O May Be d to Fees
Zip	Country	Zιp	Country		8. This corporation has lia			199.032,
]	25 9. Name and Address of Currer	29	30		Florida Statutes 10. Name and Address of	Yes New Beniet		
	9. Name and Address of Currer	in negistered Agent	81	Name	10. Helito tillo Addiese e			
GI III EQ	S, BLAKE HUNTER	•	82	Ctropt Addre	ss (P.O. Box Number is Not A	Accontable)	···	
	OFT SHADOW LANE		102	Street Addre	SS (F.O. DOX NOTIDE) IS NOT	riccopitable/		
	Y FL 32713		83					
			64	City			B5 Zi	p Code
			1 1	<i>U.,</i>			FL	,
ov registere	o the provisions or Sections 607.0502 ed agent, or both, in the State of Flori b, and accept the obligations of Sect	2 and 607.1508, Floric ida: Such change was tion 607.0505, Florida	la Statutes, the above-na authorized by the corpor Statutes.	amed corpora ration's board	ition submits this statement fo d of directors. I hereby accept	or the purpose t the appointm	ent as registered	agent. I am
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certify that the minimization indicated on this arrive report or supplemental arrive report is the and accorded as that my signature sharmace the same beginning that the control of the receiver of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 134 changed, or og an attagrinient with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #