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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G60253

(3)

FILED
Apr 01 1997 8:00am
Secretary of State

T. Corporation Nature SELLARS INVESTMENTS, INC. Principal Place of Business Mailing Address C/O W.A. SELLARS C/O W.A. SELLARS 1752 OLD BAINBRIDGE RD TALLAHASSEE FL 32303-5345 TALLAHASSEE FL 32303-5345									
						3. Date Incorporated or Qualified 09/20/1983		ate of Last R / 10/1996	eport
m i	Place of Business	2a. Mailing	Address			4. FEI Number 59-234 1500			plied For
Suite, Apt	#, etc	26 Suite,	Apt. #, etc.		······································	*		\$8.75	ot Applicable Additional
2		27				5. Certificate of Status Desired		4	quired
City & State	0	City &	State			6. Election Campaign Financing		\$5.00	
3 7 (b)	Country	28 Zip		Count	trv	Trust Fund Contribution This corporation has liability for	intensible	- bebba - c	
]	25	29		30	,		Yes [. 199.002,
	9. Name and Address of Cur	rrent Registered A	gent			10. Name and Address of New Re	egistered /	Agent	
	LLARS, W.A.			18	Name				
	4 BOX 325 VANA FL 32333			8	Street Add	dress (P.O. Box Number is Not Accepta	ible)		
195	THIN I L DEGGG			8	13				
					4 City		······	las Zin	Code
				10	POLLY		FL	85 Zip	
H. Pursuant office or r agent La	to the provisions of Sections 607. registered agent, or both, in the Stam lamitar with, and accept the ob-	.0502 and 607 1508 itate of Florida. Such bligations of, Sectio	s, Florida Statu n change was n 607.0505, F	ites, the abo authorized l lorida Statut	ove-named cor by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of opt the app	changing it cintment as	s registered registered
SIGNATURE	Signature, typed or printed hards of registeric OFFICERS		ole (NC	ITE: Registered A	Agent signature requ	rporation submits this statement for the ation's board of directors. I hereby acceured when reinstating) ADDITIONS/CHANGES TO OFFI	purpose of opt the app	DIRECTOR	RS IN 12
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14. I do hereby certify that the information so police with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 corp from or that 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 Typinged, or on an attachment with an address.

SIGNATURE

WALSellar

3/27/9

904-224-0074

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