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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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5153 14TH ST. W. 5153 14TH ST. W.						•								
BRADENTON FO	L 34207			BHADE	NION FL 342	207-2431			}	3. Date Incorporated	or Qualified	3a. C	ate of Last	Report
									- 1	10/01/1983			/17/1996	,
2. Principal P	lace of Busin	ess		2a. Ma	iling Addres	SS		· ·		4. FEI Number				pplied For
Suite, Apt.	# etc			26 Sui	ite, Apt. #, et	te				59-2390395		 -		lot Applicable
22	P, CIC.			27	110, 71pt. 11, 6t					5. Certificate of Status	Desired			Additional Required
City & Stale	e				y & State					6. Election Campaign	Financing		\$5.0	May Be
23				28						Trust Fund Contribu				l to Fees
Zip		Country 25		Zip)	<u> </u>	Country	I	1	B. This corporation has Florida Statutes			e tax under No	s. 199.032,
24		and Address	of Current	29 Registere	d Agent		30		<u>_</u>	IO. Name and Addres				
FELL	DMAN, MAR	IC H					81	Name					P	
3908	3-26 ST WE	ST					82	Street A	Address	(P.O. Box Number is t	Not Acceptat	ole)		
BRA	denton fi	. 34205												<u> </u>
							83							
							84	City				Fl	85 Zip	Code
													- 1 1	
11. Pursuant	to the provisi	ons of Sectio	ns 607,0502	and 607.1	508, Florida	Statute	s, the above	e-named	corpora	ition submits this staten	nent for the c	urpose o	of changing	its registered
11. Pursuant office or r	to the provisi egistered ag	ons of Section	ns 607,0502 n the State o	and 607.1 Florida 5	508, Florida Such change	Statutes was au	s, the above uthorized by	e-named y the corp	corpora	ation submits this staten 's board of directors. It	nent for the p hereby accer	ourpose o	of changing pointment a	its registered s registered
	to the provisi egistered ag m familiar wi	ons of Sectio ent, or both, i th, and accep	ns 607,0502 n the State o of the obligati	and 607.1 I Florida. S ons of, Se	508, Florida Such change ection 607,05	Statutes was au 505, Flor	s, the above ulhorized by rida Statute	e-named y the corp s.	corporation	ation submits this staten 's board of directors. I t	nent for the p hereby accep	ourpose of ot the ap	of changing pointment a	its registered s registered
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SIGNATURE		or prented hank of		and title if app	nicable RS	(NOTE:	Registered Age					DATE	D DIRECTO	RS IN 12
SIGNATURE 12. III.E	Signature typed	or printed hank of OFF	registered agent	and title if app	ol-cable	(NOTE:	Registered Age			vhen reinstating)		DATE		RS IN 12
SIGNATURE 12. 10.16 NAME	Susseme typed T ST LEON	or prened hank of	registered agent ICERS AND	and title if app	nicable RS	(NOTE:	Registered Age	ent signature		vhen reinstating)		DATE	D DIRECTO	RS IN 12
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SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Apr 15 1997 8:00am

Secretary of State