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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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	THSHORE EKG ASSOCIATI	ES, INC.						
rincipal Place		Mailing Address			O INCOPAL ANGU ANGU ELEMA MARE	1086  2011 81	O AF OLIGIFA OLIGIA (	HOU HEU DIAH ID
P. O. BOX 694506 MIAMI FL 33269-8506		P. O. BOX 694506 Miami FL 33269-8506						
				Ì	3. Date incorporated or Qualified 10/05/1983	3a. D	03/09/	
Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2324519	······································		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.0	00 May Be
Zip ▶	Country 25	Zip 29	Country 30		8. This corporation has liability fo	or intangible		
	9. Name and Address of Curren				10. Name and Address of New		d Agent	
2001)	AN AFWAAND		81 Name				· <del>-</del>	
ZEIDMAN, SEYMOUR 5738 W HALLANDALE BLVD.			82 Street	Address	(P.O. Box Number is Not Accepta	able)	7 1	
HOLLY	WOOD 33023		83				-	- <u></u>
	·		84 City			F	LII	p Code
	of the previous of Sections 2020502 ed agent, or both, in the State of Floric	and 507.1508, Florida Statulia, Statulia	ites, the above named c	corporatio	on submits this statement for the pu	urpose of c	changing its	registered offi
		ON COLOROR FIRST	ized by the corporation s	s board o	or directors, i nereby accept the app	pominient	as legistere	a agont i am
			<b>(</b> C)	s board o	of directors. I hereby accept the app	//	30/41	d agent. Fam
	Styring fixed or modifiers of agent agent.	and the flatterns of	OTE: Registered Agent signature	s board o	en reinstatingi	/ATE	39/96	<u> </u>
NATURE 2	OP OF FIDERS AND		<b>(</b> C)	s board o		/ATE	30/96 OD DIRECTO	ORS IN 12
SNATURE 2	DP CENTURION, JOSE	D DIRECTORS	OTE: Registered Agrint signature 13.	s board o	en reinstatingi	/ATE	39/96	ORS IN 12
F	DP CENTURION, JOSE P.O. BOX 530096	D DIRECTORS	OTE: Registered Agrint signature 13. 1.1 Title	s board o	en reinstatingi	/ATE	30/96 OD DIRECTO	DRS IN 12
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SIGNATURE: X

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/9b
Date Dayting Phone