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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT # G83802

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JOHN F. LAURENT, P.A.										
Principal Place of Business 650 EAST DAVIDSON BARTOW FL 33830		Mailing Address 650 EAST DAVIDSON BARTOW FL 33830			1 100 1078 1810 		{ 		1 E1E11 E1E11 [E]	
						3. Date Incorporated 02/08/1984	or Qualified		e of Last I	
2. Principal Plac	ce of Business	2a. Mailing Address	5			4. FEI Number	^			Applied For
Suite. Apt. #	olo	26 Suite Act # at				59-243500	0		<u> </u>	Not Applicable
2	, eu	Suite, Apt. #, et	IG.			5. Certificate of State	ıs Desired			5 Additional Required
City & State	- · - · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign	n Financing			00 May Be
3	· · · · · · · · - · - · - · - · · · · ·	28				Trust Fund Contril	oution			ed to Fees
ام. ام	Country	Zip	F	ountry		8. This corporation h			ax under s	i 199.032,
4]	25 9. Name and Address of Cu	29 Irrent Registered Agent	30	-T		Florida Statutes 10. Name and Addre		No	Agent	
				81	Name	(0, Name and Addit	200 (11011 1	- Sieroi en	Agent	w
	r, John F., Esquire			82	Street Arddr	ess (P.O. Box Number is	Not Accontal	Nat		
650 E.DA					Oliber Addi	ess (i.e. box number is		AO)		
BARTOW	FL 33830			83						***
				84	City				85 2	ip Code
44. Duament to	the conscious of Castina CO7.6	202 400 61 14 0			·			FL	.	•
or registere	the provisions of Sections 607.0 d agent, or both, in the State of I	Florida. Such change was aut	thorized by the	corpor	med corpor ation's boar	ration submits this stateming of directors. Thereby ac	ent for the pu ccept the app	rpose of ch ointment as	anging its s registere	registered office d agent. I am
tamıllar Witti	i, and accept the obligations of, §	Section 607.0505, Florida Sta	atutes.							
S'GNATUREs	signature: typical or printed han e of registered.	agent and life if applicable	(NOTE: Registere	ed Agent s	signature required	d when reinstating)		DATE		
5	OFFICERS	agent and title if applicable SAND DIRECTORS	(NOTE: Rogisters		signature required	d when reinstating) ADDITIONS/CHAN	IGES TO OFF		D DIRECT	ORS IN 12
12. II'ti	OFFICERS PD		13		signature requirex		IGES TO OFF	ICERS ANI	DIRECT	
12. II'LE NAME	PD LAURENT, JOHN F.	AND DIRECTORS	13 1.1 1.2	TITLE NAME			IGES TO OFF	ICERS ANI		
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SIGNATURE:

SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 Date

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