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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1996

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rincipal Place o	of Business	Ma	illing Address				III III III UITEI UI		NA MIREN DARAN NORT
1632 E ATLA			1632 E ATLANTIC B	ועה					
STE P	KNIIO DEVO		STE P	LYD					
	BEACH FL 33060		POMPANO BEACH F	L 33060		3. Date Incorporated or Qualified	3a. Date	of Last Re	eport
US			US			05/22/1984	0	5/01/1	995
. Principal Plac	ce of Business	28.	Mailing Address			4. FEI Number		<b>⊢</b>	Applied For
]		26				59-2424229			Not Applicable
Suite, Apt. #,	, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required
City & State		- 21	City & State			6. Election Campaign Financing	<del></del>	\$5.0	May Be
]		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	1	Zip	Count	ry	8. This corporation has liability for i		x under s	199.032,
·	25	29	tanad Awams	30		Florida Statutes Yes  10. Name and Address of New R	No No	Geni	
	g. Name and Address of C	nueur Heðizi	tered Agent	8	1 Name	10, Maine Bile Address of Hear I	logistored r	· gorn	
MCCINI	n, kathleen					ress (P.O. Box Number is Not Acceptab	<del>/0</del> /		
	AST ATLANTIC BLVD.			8	2 Street Addr	ress (P.O. Box Number is Not Acceptate	жер		
	NO BEACH FL 33061			8	3				
				8	4 City			<b>85</b> Zi	p Code
					'		<u>FL</u>		
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1. Pursuant to	the provisions of Sections 607	.0502 and 601 Florida, Such	7.1508, Florida Statut i change was authoria	es, the above	named corpor	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as	registered	l ägent. I am
or registere	o the provisions of Sections 607 ed agent, or both, in the State on, and accept the obligations of	l Florida. Such	ı change was authoru	zed by the co	named corpor rporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as	registered	l agent. I am
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SIGNATURE: SIGNING OFFICER OR DIRECTOR