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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saedra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

H11598

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WADI N	IEWEI DV	2 NOVE	LTIES INC.

Principal Place o	of Business	Maing	Aodress						
2360 FORSY ORLANDO FI			FORSYTH ROA ANDO FL 32807	D					
					·	3. Date Incorporated or Qualifi 05/01/1984		of Last Re 3/22/19	
2. Principal Pla 21	e of Business	2a. Maii 26]	ing Arldress			4. FEI Number 59-2427603			Applied For
Suite Apt #	, etc		Apt. #, etc			5. Certificate of Status Desired			Not Applicable Additional
22		27	· 						Required
City & State:		28 City	& State			Election Campaign Financin Trust Fund Contribution	ig 🗆		May Be
Ζφ	Country	. [29]		Countr	у	8. This corporation has liability	for intangible ta		d to Fees 199.032,
4	25 Name and Address of Cur-	29		30			Yes No		
	9. Name and Address of Cure	rent negistered	Agent	8	1 Name	10. Name and Address of Ne	w Registered A	gent	
WAGNE	r, bea a.					(0.0 ft) M			
	TLE JOHN ROAD			8:	Street Add	fress (P.O. Box Number is Not Acce	ptable)		
WINTER	PARK FL 32792			8:	3				
				8-	City			85 Z ₁	Code
11. Pursuant to	the provisions of Sections 607.05	509 apri 607 150	Vic Florida Statut	tee the above	named cover	pration submits this statement for the	FL	aging day	anistored office
Or registrate	If agent, or both, in the State of Fi , and accept the obligations of Si	londa. Such char	nge was authoriz	zed by the cor	poration's boa	ard of directors. Thereby accept the	appointment as r	registered	agent. Lam
	, and another the oblightness of the	COUR DOLLARDS	. I format Statelles	3					
SIGNATURE	on the day bright borns and one who as				ant signal are require	ed after recolating.	CNTE		
SIGNATURE	OF FICE HS A	AND DRECTORS	S	13.		ed wher reliating. ADDITIONS/CHANGES TO	OFFICERS AND		<u>-</u>
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SIGNATURE S 12. 1136 AAM: S19181 ACM-IN OOD S1 24 OUL	PT WAGNER, BEA A. 2721 LITTLE JOHN ROAD WINTER PARK FL 32792 VPS SHAFFER DINA	AND DEFCTOR	S DELETE	13. 1 1 H/LE 1 2 NAME 1 3 STHEI 1 4 GPY 2 1 H/LE 2 2 NAME	PRESCA 1.		OFFICERS AND] Change	Addition
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certify that the informal on indicated on this aembal 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 corporation or the 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 13 if changed, or on an altadiment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/32/96 401-671-5220