	PROFIT RPORATION JAL REPORT <b>1997</b>	Sandra B. Socretar	TMEN1 OF STATE . Mortham y of State :ORPORATIONS	Apr 24 19 Secretar	997 8:00am ry of State
	MENT # H139	80 (8) vade and associates,	INC	n indian national and statement with a statement of the	
Principal Piace 1221 COLEMAI TALLAHASSEE	N ST.	Mailing Address 1221 COLEMAN ST, TALLAHASSEE FL 32310-8	009	1 1400101101001010101010101010101010101	I DERL DIDIN DIETR DIETR BEBRI DIDIN 1004
				<ol> <li>Date Incorporated or Qualifie 07/26/1984</li> </ol>	d <b>3a</b> . Date of Last Report 04/24/1996
2. Principal Pi	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
Sulte, Apt	#, etc.	26 Suite, Apt. #, etc.		59-1433895 5. Certificate of Status Desired	Not Applicab
2 City & State	θ	27 City & State		6. Election Campaign Financing	Fee Required
3	·	28		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00 May Be       Added to Fees
Zip 4	25 Country	Zip 29	Country 30	<ul> <li>B. This corporation has liability f</li> <li>Florida Statutes</li> </ul>	for intangible tax under s. 199.032,
	9. Name and Address of Cui RR, WILMON		81 Name	10. Name and Address of New	
8: <b>TAU</b>	I COLEMAN ST. LAHASSEE FL 32304	0600 and 607 1600. Finish Contra	83 84 City	Iress (P.O. Box Number is Not Accep	FL 85 Zip Code
S. TAL	LAHASSEE FL 32304 to the provisions of Sections 607. epistered agent, or both, in the S m familiar with, and accept the of		83 84 City ss, the above-named cor ulhorized by the corpora rida Statules.	poration submits this statement for th ation's board of directors. I hereby ac	<b>FL</b> 85 Zip Code e purpose of changing its registered cept the appointment as registered
S: TAL 11. Pursuant t office or ra agent. I ar SIGNATURE 12.	LAHASSEE FL 32304 to the provisions of Soctions 607 egistered agent, or both, in the S m familiar with, and accept the of Signeture, typod or printed neric of registere: OFFICERS	d egent and title if applicable (NO1) AND DIRECTORS	83 84 City es, the above-named corr uthorized by the corpora rida Statutes. Hogistered Agent signature req. 13.	poration submits this statement for th tion's board of directors. I hereby ac	FL         85         Zip Code           Is purpose of changing its registered         cgistered           ccpt the appointment as registered         cgistered           DATE         cgistered
<ul> <li>S. TAU</li> <li>11. Pursuant t office or re agent. I ar</li> <li>SIGNATURE</li> </ul>	LAHASSEE FL 32304 to the provisions of Soctions 607 egistered agent, or both, in the Si m familiar with, and accopt the of Signeture, byted or printed name of registere: OFFICERS PD	d egent end title If applicable (NOTE	83 84 City es, the above-named corr uthorized by the corpora rida Statutes.	poration submits this statement for th tion's board of directors. I hereby ac	FL         85         Zip Code           Is purpose of changing its registered         cgistered           ccpt the appointment as registered         cgistered           DATE         cgistered
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