Suite Apr. #, etc.       Suite. Apr. #, etc.       5. Certificate of Status Desired       \$8,75 Actional         Orly & State       City & State       6. Election Campaign Financing       Action Status Desired       \$8,75 Actional         Zip       Country       Zip       Country       7.0       State       State       Action Status Desired       \$5,00 May Be Action Status Desired Actions of New Action Status Desired Actions Status Desired Actions Status Desired Actions Status Desired Status Desired Actions Status Desired Actions Status Desired Actions Status Desired Status Desired Status Desired Actions Desired Actions Desired Actions Desired Action Status Desired Actions Desired Actions Desired Actions Status Desired Actions Desired Actin Status Desired Actin Status Desired Action Status Desired Actio	COF	PROFIT RPORATION UAL REPORT <b>1997</b>	Sandra Secret	ARTMENT OF STATE I <b>B. Mortham</b> etary of State F CORPORATIONS		.997 8:00a ary of State
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Op/05/1984         OS/12/1984         OS/12/1984           Principal Flace of Bus verses         26         Auting Address         4. EEI Number         Implementation           Stute Apt 4, etc         27         Stute Apt 4, etc         27         Implementation         Stute Apt 4, etc         28.75         Address           Cry & Stute         28         Stute Apt 4, etc         27         Implementation         Stute Apt 4, etc         Stu	CHRISTOP	HER WALKER AVE	% CHRISTOPHER WALL 1800 SW 68 AVE			
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City & State     Curry & State     Election Campaign Financing     \$5.00     May Be fruit Fund Campaign Financing     \$5.00       Zip     Zip     Country     Finits corporation has failing to transplite tax unders. 199.032       Point Statutes     Yes     Name and Address of Current Registered Agent     10. Name and Address of Name	Suile, Apt.	. #, UC			5. Certificate of Status Desired	
Zip     Country     Zip     Country     8. This corporation has liability for tangible tax unders. 1993.052       8. Name and Address of Current Registered Agent     10. Name and Address of New Address of Ne	City & Stat	te	City & State			<b>\$5.00</b> May Be
	Ζφ					ntangible tax under s. 199.032,
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- S1-ZIP 6.4 CITY-ST-ZIP I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	agent Ta           GNATURE.           E           AE           EET ADORESS           AE           EET ADORESS           (-ST-ZIP)           E           EET ADORESS           (-ST-ZIP)           E           EET ADORESS           (-ST-ZIP)           E           EET ADDRESS           (-ST-ZIP)           E           EET ADDRESS           (-ST-ZIP)           E           EET ADDRESS           (-ST-ZIP)           E           EET ADDRESS           (-ST-ZIP)           E           E           ST-ZIP           E <tr tr="">     E<td>PD Signalize type: to plated name of registered a OFFICERS A PD WALKER, CHRISTOPHER 1800 SW 68 AVE PLANTATION FL D WALKER, BEVERLY 1800 SW 68 AVE</td><td>Igations of, Section 607.0505,  Agent and the Happicable (A)  ND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE</td><td>Lutes, the above-named cor s authorized by the corpore Florida Statutes. OTE: Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME</td><td>uired when reinslating)</td><td>FL         urpose of changing its registered         bare         DATE         ERS AND DIRECTORS IN 12         Change       Additio         Change       Additio</td></tr>	PD Signalize type: to plated name of registered a OFFICERS A PD WALKER, CHRISTOPHER 1800 SW 68 AVE PLANTATION FL D WALKER, BEVERLY 1800 SW 68 AVE	Igations of, Section 607.0505,  Agent and the Happicable (A)  ND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	Lutes, the above-named cor s authorized by the corpore Florida Statutes. OTE: Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	uired when reinslating)	FL         urpose of changing its registered         bare         DATE         ERS AND DIRECTORS IN 12         Change       Additio         Change       Additio
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