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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(9)

Principal Place of Business Mailing Address							
						I WIND WENT W	<b> </b>
% WILLIAM F. KOCH, JR. 214 NE 4TH ST. DELRAY BEACH FL 33444		% WILLIAM F. KOCH. JR. 214 NE 4TH ST. DELRAY BEACH FL 33444		3. Date Incorporated or Qualified 3a. Date of Last Report			
				09/25/1984		5/01/199! ^	
2. Principa! Plac	ce of Business	2a. Mailing Address		4. FEI Number 59-2519551			pplied For ot Applicable
21		Suite, Apt. #, etc.					Additional
Suite, Apt. #	, etc.	27		5. Certificate of Status Desired	IJ		equired
City & State		City & State		6. Election Campaign Financing		4	May Be
23		28		Trust Fund Contribution			to Fees
Zıp	Country	Zip	Country	This corporation has liability for Florida Statutes  X Yes	intangible ta :	ix under s	199.032,
24	25	29	30	10. Name and Address of New F		Agent	
	9. Name and Address of Current	Hegistered Agent	81 Name	10. 140110 4110 400 00 01 110			
	VILLIAM F., JR.		82 Street Add	iress (P.O. Box Number is Not Acceptat	ul <del>e)</del>		
	T ATLANTIC AVENUE		83				
#14							
DELRAY	BEACH FL 33444		<b>84</b> City		FL	<b>85</b>   Zip	Code
44 Discounant t	the provinces of Sections 607.0502	and 607 1508. Florida Statu	ites, the above named corpo	pration submits this statement for the pu	rupen of cha	anging its re	egistered office
or rooterore	ad agont or both in the State of Floric	ia. Such change was author	zea ny ine comporation s boc	and of directors. Thereby accept the app	ontment as	registered	agent. I am
2							
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familiar with		on 607.0505, Florida Statute	:5.	nd when semilibrigh	ĐAÏĖ		
familiar with	n, and accept the obligations or, Section Signature, typed or printed name of registered agent OFFICERS AND	on 607.0505, Fiorida Statute	S.  101E Registered Agent Syrotum recom-		ICERS AND		
familiar with	Signature, typed or printed name of registered agent	on 607.0505, Fiorida Statute	iOTE Rigidard Agent syndum teaun	nd when semilibrigh	ICERS AND	DIRECTO	RS IN 12
familiar with SIGNATURE 12.	Signature, typed or printed name of registered spro- OFFICERS AND	end uda if applicative C  DIRECTORS	(O) E Registered Agent Syretum recome 13.	nd when semilibrigh	ICERS AND		
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 // 9/96 (Nation Chapters Proces)