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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(8)

 $\textbf{SIGNATURE:}\ \chi$ 

**DOCUMENT #** 

ALICE MELLOW, D.C., P.A.

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rincipal Place of Business	Mailing Address		( \$\$\$\$\$\$11 \$110 \$1368\$ \$1110 \$1011 \$100)	fillt Billi gettit gidit gints dibit gebri gene jaar
1225 W. 45TH STREET SUITE 307	1225 W. 45TH STREET SUITE 307			
WEST PALM BEACH FL 33407-2166	WEST PALM BEACH FL 33407-2166		3. Date Incorporated or Qualified 10/04/1984	3a. Date of Last Report 03/23/1995
. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-2453574	Applied For  Not Applicable
	26			\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28		Trust Fund Contribution  8. This corporation has liability for it	Added to rees
Zip Country	Zip	Country	8. This corporation has liability for the Fiorida Statutes Yes	Intangible tax orider's 199.002,  □ No
25 9. Name and Address of Curren	29  nt Registered Agent		10. Name and Address of New R	
y Hame and Address of Co.		81 Name		
MELLOW, ALICE		82 Street Ad	dress (P.O. Box Number is Not Acceptab	ole)
1225 W 45TH ST		<u> </u>		
SUITE 307		83		
WEST PALM BEACH FL 33407		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.050/ or registered agent, or both, in the State of Floring			the statement for the out	space of changing its registered offi
Signature types or printed name of registered agen		40 IE. Rogisteren Agent signafüre reuk.	med when remitating! ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
SIGNATURE Signature types or printed name of rigistered agen	nt and take if Beyoninkle N ND DIRECTORS	ECH Registerio Agret signature requirements  13. 1 1 THEE	ned what അൻസൂട് ADDITIONS/CHANGES TO OFF	
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SIGNATURE AND TY EGO'R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR