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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Feb 04 1997 8:00am Secretary of State

	MENI on Name OMES, IN	# H36 lc.	978	(5)							
Principal Plac	e of Busines	S	Maili	ng Address			{			ITH BIAN BIAN	DIBIN HOBI
P. O. BOX 577 ZEPHYRHILLS FL 33539-0577				P. O. BOX 577 ZEPHYRHILLS FL 33539-0577							
							3. Date Incorporated of 01/07/1985	r Qualified		le of Last R 19/1996	eport
2. Principal P	Place of Busin	ness	ļ	failing Address			4. FEI Number				plied For
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.			59-2495765				ot Applicable Additional
Suite, 7431. II, ste.			27				5. Certificate of Status	Desired		Fee Re	
City & Stat	le	, , , , , , , , , , , , , , , , , , ,	28	City & State			6. Election Campaign I Trust Fund Contribut	-		\$5.00 Added	May Be to Fees
Zip		Country 25	7 29	'ip	30 Co	untry	8. This corporation has Florida Statutes	·	tangible i Yes	_	. 199.032,
	9, Name		f Current Register	red Agent			10. Name and Address	of New Reg	istered A	gent	
	LER, WILTO					81 Name					
3015 WINDSOR WAY TALLAHASSEE FL 32312					•	82 Street Address (P.O. Box Number is Not Acceptable)					
						83					
						84 City			FL	85 Zip	Code
-		in, and accept to	ne obligations of, a	Section 607.050	5, Florida St	atutes.	ration's board of directors. I h	егеву ассері	the appo		
SIGNATURE		For printed name of reg	ne obligations of, s gistered agent and title if a ERS AND DIRECT	applicable. ORS	(NOTE Register	ed Agent signature re	ration's board of directors. In quired when reinstating? ADDITIONS/CHANGE		DATE	DIRECTOR	IS IN 12
SIGNATURE 12. TIILE	Signature typed	For priviled name of res OFFIC	gistered agent and title if a ERS AND DIRECT	appidable.	(NOTE Register	ed Agent signature re	quired when reinstating)		DATE		
SIGNATURE 12. TITLE NAME	Signature, typed	OFFIC	gistered agent and title if a ERS AND DIRECT	applicable. ORS	(NOTE Register 13.	ed Agent signature re	quired when reinstating)		DATE	DIRECTOR	IS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P DOUGLA	OFFIC AS, HENRY C., MKERRY DR.	gistered agent and title if a ERS AND DIRECT	applicable. ORS	(NOTE Register 13. E 1.1 1.2 1.3	ed Agent signature re	quired when reinstating)		DATE	DIRECTOR	IS IN 12
SIGNATURE 12. TIPLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUGLA	OFFIC	gistered agent and title if a ERS AND DIRECT	applicable. ORS	(NOTE Register 13. E 1.1 1.2 1.3 1.4	ed Agent signature re	quired when reinstating)		DATE	DIRECTOR	IS IN 12
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14. I do hereby certify 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 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 if made under oath; that I am an officer or director of the comparation 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 13/11 springed, or on an attrictment with an address.

SIGNATURE:

Daytime Ptione #

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