COF ANNU	PROFIT RPORATION UAL REPORT 1996		DA DEPARTMET Sandra B. Mor Secretary of S SION OF CORP	ortham State			
Corporation	MENT # H411 HRING AND MORGAN CON		(6) IC.)) biblister biske bisker i kommen ske	110 01001 0011 01011 01	a (1 0(201) 0(0)) 0(0) 100) (0)
-	e of Business	Mailing Address					
P.O. Box Altamon	150129 TE SPGS. FL 32715-0129	P.O. BOX 15 ALTAMONTE	50129 E SPGS. FL 3271	15-0129		·····	
Principal Pl	ace of Business	A Mailino Aridu			3. Date Incorporated or Qualifie 02/05/1985		of Last Report 5/01/1995
		2a. Mailing Addre			4. FEI Number 59-2485117		Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired		\$8.75 Additional
City & State)	City & State			6. Election Campaign Financing		Fee Required \$5.00 May Be
Zip	Country	28 Zip		Country	Trust F und Contribution 8. This corporation has liability i	for intangible tax	Added to Fees
	25 9. Name and Address of Curren	29 nt Registered Agent	30	· · · · · · · · · · · · · · · · · · ·		Yes 🔲 No	
145 N. ORLAN	DRD, WM. PATRICK MAGNOLIA AVENUE NDO FL 32801	1002 LEDG Claude		83 84 City	dress (P.O. Box Number is Not Accep	FL	85 Zip Code
Pursuant to or registere familiar with	MAGNOLIA AVENUE	tion 607.0505, Florida S	statutes.	83 84 City	oration submits this statement for the pard of directors. Thereby accept the a	FL	
145 N. ORLAN Pursuant to or registere familiar with NATURE	MAGNOLIA AVENUE NDO FL 32801 o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti Signature typed or printed remin of registered agent a OFFICE RS ANC	tion 607.0505, Florida S and tric It applicatio, D DIRECTORS	(NOTE Registo	B3 B4 City above-named corporation's boa prod Agent signature require 3.	oration submits this statement for the pard of directors. Thereby accept the a	FL purpose of chang ppointment as re DATE OATE	ping its registered office gistered agent. I am
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