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PROFIT CORPORATION ANNUAL REPORT

1996



FLOR DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	H45577
1 Corporation Magne	

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Principal Place C/O BOBBIE 501 E. HWY. SEFFNER FL	REEL 574	Mailing Address C/O BOBBIE REEL 501 W. MLK BLVD SEFFNER FL 3358	ļ.					
		US	•		 Date Incorporated or Qualified 03/05/1985 		e of Last I	
	ace of Business	2a. Mailing Address			4. FEI Number	1 0	5/01/19	Applied For
Cuito Ant	# - A-	26			59-2521515		<u> </u>	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc).		5. Certificate of Status Desired	C)	\$8.7	5 Additional
City & State	9	City & State						Required
:3		28			6. Election Campaign Financing Trust Fund Contribution	[]	\$5.0	00 May Be
Zip	Country	Zip	Cou	untry	This corporation has liability to		Adde	ed to Fees
4	25	29	30	•	Florida Statutes 2 Ye		ix under s	s 199.032,
·	9. Name and Address of (Current Registered Agent			10. Name and Address of New	Registered	Agent	
DEEL DA				81 Name				
REEL, BO	VILK. BLVD.			82 Street Add	lress (P.O. Box Number is Not Accepta	bie)	· · · · · · · · · · · · · · · · · · ·	
	R FL 33584			83			· · · · · ·	
				84 City		FL		ip Code
tamiliar witi	n, and accept the obligations of	f, Section 607.0505, Florida Statu	orized by the c ites.	corporation's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	ointment as	registered	d agent. I am
tamiliar witi SIGNATUREs	Signature, typed or printed name of registere	f, Section 607.0505, Florida Statu ad agent and title if applicable.	Ites. (NOTE: Registered	corporation's boa	id when rainstaing):	DATE	registered	u agent. I am
tamıllar witi SIGNATURE	Signature, typed or printed name of registere	f, Section 607.0505, Florida Statu ed agent and tide if applicable. RS AND DIRECTORS	(NOTE: Registered	Agent signature requires	and or allocated and appropriate appropria	DATE ICERS AND	DIRECTO	DRS IN 12
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oath, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if splinged, or on an attachment with an address.

SIGNATURE:

ELY SIGNING OFFICER OR DIRECTOR

4-16-96 813-189-85D