ANNU	PROFIT PORATION JAL REPORT 1996		FLORIDA DEPA Sandra	B. Mortham ary of State	STATE				
1. Corporation		H58308	(8)						
	SURE, INC.								
Principal Place			ling Address P.O. BOX 939			E SEAFAIL AIRT AISUL E	NENA JELA DULA	II ADIN DIDEE DIDIN DIDIN	BIU II UIUII UIUII (UUI)
NOKOMIS F	FL 34275	I	NOKOMIS FL 34274			3. Date Incorporated or	Qualified	3a. Date of Last	Report
2. Principal Pla	ace of Business	2.	Mailing Address			05/20/1985 4. FEI Number	·····-	04/04/	
21		26	Maning AUCHESS			59-2552355		-	Applied For Not Applicable
Suite, Apt. i 22	#, etc.	27	Suite, Apt. #, etc.	•••		5. Certificate of Status E	Desired		75 Additional Required
City & State 23		28	City & State			 Election Campaign Fir Trust Fund Contribution 		\$5	.00 May Be ded to Fees
Zip 24	25	29	?ip	Counti 30	у	 This corporation has Florida Statutes 	🗌 Yes	🗋 No	s 199.032,
	9. Name and Ad	dress of Current Registe	red Agent		I Name	10. Name and Address	of New Re	egistered Agent	
FOMON	NDSON, MEREDIT	нs		8		lress (P.O. Box Number is Not			
	DMONDSON RD.	11 U .				ress (F.O. Box number is not	. Ассертаря	9)	
NOKON	AIS FL 34275			8	3				
				8	4 City			85	Zip Code
11. Pursuant t	o the provisions of S	actions 607.0502 and 607.	1508, Florida Statute	o the share		ration submits this statement	for the purp		
11. Pursuant to or registere familiar wit	o the provisions of S ed agent, or both, in h, and accept the of	ections 607.0502 and 607. the State of Florida Such c ligations of, Section 607.05	1508, Florida Statute hange was authorize 105, Florida Statutes.	o the share		ration submits this statement and of directors. I hereby accept	for the purp of the appoi		
familiar wit	h, and accept the ot	ligations of, Section 607.05	505, Florida Statutes.	s, the above d by the cor	named corpo poration's boa	ind of directors. Thereby acces	for the purp of the appoi	PL	
	h, and accept the ot	octions 607 0502 and 607, the State of Florida Such o ligations of, Section 607.05 and of registered agent and the II app OFFICERS AND DIRECT	Mange was attiriorze 505, Florida Statutes.	s, the above d by the cor	named corpo poration's boa	ad when reinstating)	ot the appoi	DATE	s registered office ed agent. I am
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