COF	PROFIT RPORATION JAL REPORT <b>1997</b>	Sandra E Secreta	RTMENT OF STATE . Mortham ry of State CORPORATIONS		1997 8:00a tary of State
TECHN	-	(-)			
18				<ol> <li>Date Incorporated or Qualifie 06/27/1985</li> </ol>	ed <b>3a.</b> Date of Last Report 04/23/1996
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-2562589	Applied For Not Applicab
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 City & State		27 City & State		6. Election Campaign Financing	Fee Required
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
]	25 9. Name and Address of Curren	29	30	<ul> <li>B. This corporation has liability Florida Statutes</li> </ul>	for intangible tax under s. 199.032,
	SSMAN, Alan S., Esquire 2 Court Street, Suite B		<b>B1</b> Name		
CLE			<b>83</b> <b>84</b> City		FL 85 Zip Code
1. Pursuant office or r agent. I a	to the provisions of Sactions 607 0507 egistered agont, or both, in the State im familiar with, and accept the obliga signative, typed or printed name of registered agen		84 City es, the above-named authorized by the corp orida Statutes.	corporation submits this statement for the orthogonal of directors. I hereby ac	PL
1. Pursuant office or r agent. I a IGNATURE 2.	Signature, typed or printed name of registered ages OFFICERS AND	an and title if applicative (NOI) DIRECTORS	84 City	required when reinstating)	
1. Pursuant office or r agent. I a IGNATURE 2.	Signature, typed or plinted name of registered age OFFICERS ANE	nt and title if approable (NOT	84 City es, the above-named of authorized by the corp orida Statutos. C Registered Agent signature t 13. 1.1 IIILE	required when reinstating)	PL
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