## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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Corporation	ENT # H691	50 (1)					
. Corporation N	USINESS CENTER, INC.				1001011 0111 01110 10101 11901 011		
rincipal Place o	f Business	Mailing Address					
	PARK DRIVE SOUTH	1 FLORIDA PARK DI SUITE 340	rive south				
SUITE 340 PALM COAS	T FL 32137	PALM COAST FL 32	2137		3. Date Incorporated or Qualified	3a. Date of Las	t Report
US	// FE 05/9/	US			07/31/1985	05/01	1/1995
	( P) - 1 - 1 - 1	2a, Mailing Address			4. FEI Number	<u> </u>	Applied For
. Principa! Plac	be of Brisiness	26			59-2577213		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7 -	.75 Additional ee Required
]		27			- Commiss Financing		.00 May Be
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		dded to Fees
<u> </u>	Country	Zip	Coun	trv	8. This corporation has liability for		
- Ζφ .]	Country 25	29	30	7	Florida Statutes  Yes	□ No	
J	9. Name and Address of Curren				10. Name and Address of New R	egistered Agent	
			[4	B1 Name			
WHEEL	ER, GARY		ļ	82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	
	RIDA PARK DR SOUTH SUITE :	340	-	B3			
PALM (	COAST FL 32137						
			Ţ.	84 City		FL 85	Zip Code
DICINATI IDE	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec						
<u>-</u>	Signature, typed or printed name of registered ager	THE BOOK WITH THE PARTY OF THE		Agent signature require		DATE	CTORS IN 12
12.	OFFICERS AN	nt and title if applicable (NND DIRECTORS)	IOTE: Registered	Agent signature require	ed when minstahing	DATE	CTORS IN 12
12.	OFFICERS AN	ND DIRECTORS	OTE: Registered	Agent signature require	ed when minstahing	DATE ICERS AND DIRE	CTORS IN 12
IZ. ITLE VAME	OFFICERS AN	ND DIRECTORS  DELETE	OTE: Registered a  13. 1.1 TI  1.2 NA	Agent signature require	ed when minstahing	DATE ICERS AND DIRE	CTORS IN 12
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certify that the information indicated on this armodification of the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

heeks SIGNATURE: SIGNATURE AND TYPED OF AR