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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

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DOCU . Corporate	IMENT # H74	4522	(4)					
PART	NERSHIP CONSULTAN	ITS INC.				(110/01) Filk (DAN 0/00) AINE (10)	H NO MAN BURN	111 afall des a 180
 nncipal Plac	e of Business	Mail	ing Address					
	(NEY PT RD		477 STICKNEY PT RI	n				
SUITE 301-	В	\$	uite 301-b	U				
SARASOTA US	FL 34231	Ş. U	ARASOTA FL 34231			Date Incorporated or Qualified	3a. Date of Last	Report
			J			09/04/1985	05/10/1	
Principal P	lace of Business	├ ¬	Mailing Address			4. FEI Number	Ĺ	Applied For
Suite, Apt.	# 65tc	[26]	Suite, Apt. #, etc.			59-2573514		Not Applicat
Conto, 747.	, 610.	27	one, Apr. #, etc.			5. Certificate of Status Desired		75 Additional Required
Orty & Stat	te		City & State		70° 7.70° % La	6. Election Campaign Financing	□ \$5.0	00 May Be
Zφ	Country	28	/ip	Country		Trust Fund Contribution 8. This corporation has liability for its contribution.	A00	ed to Fees
·	25	29		30			Intangible tax under:	s 199.032,
	9. Name and Address of	Current Registe	red Agent			10. Name and Address of New R	legistered Agent	
1141.5	104144			81	Name			
	JON M. STICKNEY POINT RD			82	Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	, ,,
SUITE				83				
	OTA FL 34231							
				84	City		FL [85] Z	Zip Code
	rith, and accept the obligations o					rd of directors. I hereby accept the appo	o	e agont i an
	Signature, typed or ported make of register		Icable (NO	TE: Ragisterad Agent		d when ministating:	DATE	
	OFFICE	reclaged and the Tare RS AND DIRECTO	oleane (NO ORS	TE: Ragistered Againt			OATE	ORS IN 12
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or 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 changed, or on an altacoment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR