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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

SIGNATURE:

| OCUM | ENT # H7589 | 8 (7) | | | | |
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| Corporation Na | | . , | INC. | | | |
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| ncipal Place of I | Business | Mailing Address | | | MI (Me) Milli Milli a gir arbir art | |
| 395 TIMBERCRE | | 395 TIMBERCREEK DR | | | | |
| (51-105-BIRD-B/ Vinter Gardei | N FL 34787 LINE | - 951-103 DIRG BAY CT WINTER GARDEN FL 3 | | Date Incorporated or Qualified | 3a. Date of Last | Report |
| JS | | U\$ | | 09/13/1985 | 08/03/1 | |
| Principal Place | of Business | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| | MBEACAFEK OR | 26 SAME | | 59-2582136 | \$8.7 | Not Applicable 75 Additional |
| Suite, Apt. #, e | etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | e Required |
| City & State | | City & State | | 6. Election Campaign Financing | 1 1 | .00 May Be |
| WINTER | | 28 | Country | Trust Fund Contribution 8. This corporation has liability for | | s 199.032, |
| 34787 | 2 Country | Zip 29 | 30 | Florida Statutes | es 🗌 No | |
| 37.0 | 9. Name and Address of Curre | | | 10. Name and Address of New | Registered Agent | |
| | | | 81 Name | | | |
| LOWERY, | DEION R. | | | ress (P.O. Elox Number is Not Accept | able) | |
| -305-TIMDE | HOREK DR. | | 83 622 | Y DORA PRIVE | | |
| · WHEELS | MIDEN PLOTOT | | | | lasi | Zip Code |
| | | | 84 City | INT BUT DORA | FL 85 | 34757 |
| | | | | ention pulpoits this statement for the r | ourpose of changing h | ts reaistered offic |
| . Pursuant to t | the provisions of Sections 607.050 | 02 and 607.1508, Florida Statut | es, the above hamed corpu | and of dispotors. I becally accept the at | poointment as registe | red agent. I am |
| | | | | oration submits this statement for the pand of directors. Thereby accept the ap | opointment as registe | red agent. I am |
| or registered familiar with, | agent, or both, in the state of no and accept the obligations of, Sec | ction 607.0505, Florida Statutes | s. | | | red agent. I am |
| or registered familiar with, GNATURE | agent, or both, in the State of Flo and accept the obligations of, Sec phasis, typec or printed name of registered age | ortion 607,0505, Florida Statutes | S. ÖTE: Rogislered Agent signature requi | ned when reuisfaling! | DATE | |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEION LOWERY VP 4/19/76 (407) 933-0772
FICER OR DIRECTOR

Distance Providence of the Providence of the