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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

H80598

(6)

Principal Place		Mailing Address P O BOX 48931							
SARASOTA FL 34230 SARASOTA FL 34									
						3. Date Incorporated or Qualified	3a. Date of	Last Re	port
						10/08/1985	05	/01/19	95
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		<del></del>	pplied For
1		26				65-0191468		_—	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				T & Certificate of Status Desired			.75 Additional see Required
2 City 9 Ctoto		City & State				6. Election Campaign Financing			May Be
City & State		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intangible tax i		
4	25	29	30	•			No		
`\	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New I	Registered Ag	ent	
				81 Nam	ie				
MADTI	N, JAMES R			82 Stree	et Address	(P.O. Box Number is Not Accepta	ole)		
	IMOSA CIR								
SARAS			83						
0, 0, 0, 0,				84 City				<b>85</b> Zip	Code
_	to the provisions of Sections 607.050 ed agent, or both, in the State of Fior th, and accept the obligations of, Sa						FL		
12.	Signature, typed of print ad name of registered age OFFICERS AI	ND DIRECTORS	13.	- :	re required wi	nen reinstating): ADDITIONS/CHANGES TO OF	DATE FICERS AND D	RECTO	
TITLE	PO T	☐ DELETE							
	10	[] beter	1.13					Change	Addition
NAME	MARTIN, S. DIANE	C) better	1.2 N	AME				Change	☐ Addition
STREET ADDRESS	MARTIN, S. DIANE 255 MIMOSA CIRCLE	CJ OLLUI	1.2 NJ 1.3 SI	ame Reet addres	ss l			Change	∐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MARTIN, S. DIANE 255 MIMOSA CIRCLE SARASOTA FL		1.2 N/ 1.3 SI 1.4 D/	AME "REET ADDRES TY-ST-ZIP	ss				
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	MARTIN, S. DIANE 255 MIMOSA CIRCLE SARASOTA FL STD MARTIN, JAMES R.		1.2 N/ 1.3 SI 1.4 C/ 2 1 T 2 2 N/	AME TREET ADDRES TY-ST-ZIP TILE AME					
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 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 BCCs. 3 if changed, or on an propriet with an address.

SIGNATURE:

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4.25.96

941.365-2846