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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SHA	MENT on Name ARON MUL	# H929 LVIE E.A., INC.	9/1	(1)						
Principal Place	e of Business	· · · · · · · · · · · · · · · · · · ·	 Ma	ing Address						
7360 W. COPENHAGEN ST. 7360 W. COPENHAGEN ST. DUNNELLON FL 34433 DUNNELLON FL 34433										
US				US	•		3. Date Incorporated or Quali	fied 3a	. Date of Last	Report
							01/06/1986		02/10/	1995
¬ '	Place of Busin	ess	j	Mailing Address			4. FEI Number			Applied For
Suito Act	# oto		26	Suita Ant II ata			59-2618348			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.		5. Certificate of Status Desire	ed 🔲		5 Additional Required	
City & State C			City & State		6. Election Campaign Financi			00 May Be		
1			28	•			Trust Fund Contribution	, a		ed to Fees
Ζip		Country		Zip	Count	try	8. This corporation has labilit		gible tax under :	
		25	29	·	30		Florida Statutes 💢	Yes 🗌	No	
	9. Name	and Address of Curr	ent Regist	ered Agent		at	10. Name and Address of N	ew Regis	tered Agent	
	<b></b>				8	Name				
Mulvie, Sharon 7360 W. Copenhagen St.							ress (P.O. Box Number is Not Aco	eptable)		
DUNN	nellon fl	34433			8	13				
					8	4 City			<b>—</b> 85 2	ip Code
							ration submits this statement for th		FLII	
					zed by the co s.	rporation's boa	rd of directors. Thereby accept the	appointm	ent as registere	d agent. I am
IGNATURE 2.	Signature, typed	or printed name of mystered age OFFICERS A	en and the fag	oplicable (N TORS	zed by the co s. OT: Bagstered A	rporation's boa	rd of directors. I hereby accept the	appointm	SAIC S AND DIRECT	ORS IN 12
2.	Signature, typed	or printed name of registered ago OFFICERS A	en and the fag	oplicatile (N	zed by the coss.  Oi: Registered A  13.	rporation's boa	rd of directors. Thereby accept the আজা কাল্ডনালু	appointm	DATE	ORS IN 12
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rectify 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

OLDE THE DESIGNING OFFICER OF DIRECTOR