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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

FILED
Jan 27 1998 8:00am
Secretary of State

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Principal Plac	ce of Business	Mailing Address					411 BIBII BIBIA B		II BICLI IERI
227 N. MERIE	DIAN ST.	227 N. MERIDIAN ST.							
P. O. BOX 272880 P. O. BOX 272880						DO NOT WRITE	E IN TUIC OF	DACE.	
TAMPA FL 33	3688-2880		TAMPA FL 33688-2890 US			3. Date Incorporated or Qualified	E IN THIS SI	ACE	·
03		US				•			
2. Principal F	Place of Business	2a. Mailing Address	<del>-</del>			03/01/1986 4. FEI Number		ΙΔr	oplied For
21		<u></u>	26			59-2639737		<del> </del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	
22		27	27			5. Certificate of Status Desired			equired
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	Mav Be
23		28				Trust Fund Contribution		Added t	to Fées
Zip	Country	Zip	Cor	intry		8. This corporation owes or has pa	aid the curre	ent year Int	angible
24	25	29	30			Personal Property Tax due June			No
	<ol><li>9. Name and Address of Curr</li></ol>	ent Registered Agent		04 1		10. Name and Address of New Re	egistered A	gent	
WII	LLIAM CALDERAZZO			81 Name					
332	22 Westmoreland Dr.			82 Street	Addres	s (P.O. Box Number Is Not Acceptal	ble)		
TAI	MPA FL 33618								
				83					
				<b>84</b> City				85 Zip (	Code
D. D. Land	4. 15	500 1 007 1500 Fire it- 0			·		<u>FL</u>	<u> </u>	
office or r	registereg_agent, or both, in the Sta	te of Florida. Such change w	atutes, the a as authorize	ove-named d by the corp	ı corpor poratior	ation submits this statement for the parties of directors. I hereby acce	purpose of contract of the property of the appointment of the property of the	nanging it intment as	s registerea registered
agent, I a	am familiar with and accept the ob!		, Florida Stat	utes.		•			J
SIGNATURE		WILL	IAM C	LOLEBZ	<u>zz</u>		1/201	98	
	Plature typed or printed name of registered a	igent and title if applicable.	NOTE: Registere	LOLEA 2 d Agent signature	ZZU e required	when reinstating)	DATE		IS IN 12
SIGNATURE  12.		pgent and title if applicable.  ND DIRECTORS  DELETE	1 <i>A M M M</i> NOTE: Registerer <b>13.</b>	d Agent signature	ZZU e required		DATE CERS AND [		IS IN 12
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 13 if changed that an attachment with an address.