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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

J13382 DOCUMENT #

(3)

1. Corporation Name

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rincipal Place o	of Business	Mailing Address				Mai etem emm	<b>41411 414</b> 11	
% CRAIG R. LI	IEPPER	% CRAIG R. LIEPPER 4007 N. FEDERAL HWY.						
FT.LAUDERDAL	FT.LAUDERDALE FL 3			3. Date incorporated or Qualified 05/07/1986	3a. Date 04	of Last F /25/19	Report 95	
. Principal Place of Business  Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.			4. FEI Number 59-2676744		Applied For Not Applicable	
								\$8.75 Additional Fee Required
Ony & State		City & State			6. Election Campaign Financing			00 May Be
crty a critic		28			Trust Fund Contribution			ed to Fees
Zip	Country	Ζφ	—	ountry	8. This corporation has liability for i	intangible ta:	cunder s	s 199.032,
	25 Same and Address of Current	Registered Agent	30	T	10. Name and Address of New R		gent	
	9. Name and Address of Current	Tiegistered Agent		81 Name				
LICOSCO	SANDRA R				ress (P.O. Box Number is Not Acceptab	dol.	<del></del>	
	FEDERAL HWY.	8		82 Street Addr	Address (P.O. Box Number is Not Acceptable)			
	ERDALE FL 33308			83				
				84 City		<b></b>	85 2	7p Code
					oration submits this statement for the pure	FL		
5	Signature, typied or printed hame of registered agent a			ed Agent signature require	ad when roinstaring:	DATE	ENERGY	ODC IN 12
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certify that the information indicated on this arimual report or supplemental annual report is the and accurate and that my signature shall have the same equal error as indicated on this arimual report or supplemental annual report is the and accurate and that my signature shall have the same equal error as indicated on this arimum have the same error as indicated on this arimum have the same error as indicated on this arimum have the same error as indicated on this arimum have the same error and that my name appears in Block 12 or Block 13 it error ped, or on an artificial ment with an address

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR