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PROFIT **CORPORATION** ANNUAL REPORT

1996



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

1. Corporation SEIC	MENT # <b>J44</b> O, INCORPORATED		(0)			A JAANNA BUUF ANAM ANAAN WAN	<b>1</b> 1811 <b>11</b> 11 11	fal felik didik d	IÊN DIÊN GERE ARE
Principal Place	of Business	Mail	ing Address						
345 SEASH			345 SEASHORE AVE						
	STINE FL 32084		ST. AUGUSTINE FL						
	•					3. Date Incorporated or Qualifier	3a. D	Pate of Last F	•
2. Principal Pla	ace of Business	2a h	Mailing Address			11/25/1986 4. FEI Number		05/01/1	
1	7		26			59-2740206		<b>├-</b>	Applied For Not Applicable
Suite, Apt. 4	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	<u></u>		Additional
2		27							Required
City & State	!	28	City & State			6. Election Campaign Financing Trust Fund Contribution			O May Be
Zip	Country	2	?ip	Cour	itry	8. This corporation has liability for	or intangible		
4	25	29		30		I	es 🗌 No		
	9. Name and Address of Cu	rrent Hegiste	red Agent		81 Name	10. Name and Address of New	Registere	d Agent	
SEIBO	ID HANS								
SEIBOLD, HANS 345 SEASHORE AVE.				ľ	82 Street Add	iress (P.O. Box Number is Not Accept	able)		
ST.AU	GUSTINE FL 32086			Ī	83				
					B4 City			. 85 Zi	p Code
					1 '		F		
11 Duramant to	o the mentione of Coulons CO7.5	500	4500 E				<u> </u>	=	
11. Pursuant to or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of F	0502 and 607. Florida. Such c	1508, Florida Statute hange was authorize	es, the aboved by the co	re-named corpor propration's boa	ration submits this statement for the pard of directors. I hereby accept the ap	urpose of o	changing its i	egistered office Lagent, Lam
Tarrinal With	o the provisions of Sections 607.0 ad agent, or both, in the State of F h, and accept the obligations of, S	0502 and 607. Florida. Such o Section 607.05	1508, Florida Statute hange was authorize 05, Florida Statutes	es, the aboved by the co	re-named corpor progration's boa	ration submits this statement for the pard of directors. I hereby accept the ap	urpose of oppointment	changing its as registered	egistered office Lagent. Lam
SIGNATURE _	o the provisions of Sections 607.0 ad agent, or both, in the State of F h, and accept the obligations of, § Signature, typed or printed name of registered in	section 607.03			/e-named corpor proporation's boa		urpose of oppointment		egistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered.  OFFICERS	section 607.03	licable (NO)				DATÉ		
SIGNATURE	Signature, typed or printed name of registered in OFFICERS  PTD	agent and title if app	Acable (NO	TE: Registered A  13. 1.1 TIT	lgent signature require	ed when reinstating)	DATÉ		
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