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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOC	U١	ΛE	Ν	T	#

1. Corporation Name

SIGNATURE:

J48140

(4)

NICOL	O JEWE	IFRS.	INC.

Principal Place	of Business	Mailing Address				AN OBER OLON DIAN BIRNE	018H 8HH 0HH 18H
3717 SOUTH LONGFELLOW CIR. 3717 SOUTH LO HOLLYWOOD FL 33021 HOLLYWOOD FL							
1102211100	y 12 00021	104:17000 12 00	NE 1		3. Date Incorporated or Qualified 12/22/1986	3a. Date of Last 05/01/	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
		26			59-2762296		Not Applicable
Suite, Apt. #	, екс.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
<u>Ζ</u> ιρ	Country 25	Zip 29	Country		8. This corporation has liability for it		·-··
	9. Name and Address of Curr		30		10. Name and Address of New R		
			81	Name			
MOSCA	I, NICHOLAS		82	Ctroot Add	ress (P.O. Box Number is Not Acceptable	Jo.	
	LONGFELLOW CIRCLE		02	Street Addr	ress (F.O. Dox Normber is Not Acceptable	ie,	
HOLLY	WOOD FL 33021		83				····
			84	City		—, 85	Zip Code
				,	ration submits this statement for the purp	╆ ┖ ┪	,
familiar with	a agent, or both, in the state of Fig. and accept the obligations of, Sc	ection 607,0505, Florida Statutes	zed by the corp s.	oration s doai	rd of directors. I hereby accept the appo	intment as registeri	ed agent. I am
GNATURE .	Pasitive travel or privided pages of evalutored as	acot and the facularities. All	oid district			/ No 2.922	
S	Ignature, typed or printed name of registered ap		OTF: Registered Agen	it signature regulee		DATE	IORS IN 12
<u>S</u>		gent and title if applicable (NSAND DIRECTORS	OTE: Registered Agen 13. 1 1 TITLE	il signature reup⊪e	d when reinstatings ADDITIONS/CHANGES TO OFFI		
LF	OFFICERS A	AND DIRECTORS	13.	il signature require		ICERS AND DIRECT	
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