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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # J57585** 

(8)

3)

FILED Feb 21 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  \$303 STATE ROAD \$35 ORLANDO FL 32836-6510 ORLANDO FL 32836-8510				· .	3.	3. Date Incorporated or Qualified 3a. Date of Last Report				
				···		02/18/1987		02/	23/1996	
¬ .	Place of Business	2a. Mailing Address			4.	FEI Number	•		<b>}</b>	Applied For
Suite, Apt	#. etc	Suite, Apt. #, etc.		<del>-</del>		59-278477				Not Applicabl Additional
	.,	27			5.	Certificate of St	atus Desired		7	Required
City & Stat	te	City & State			6,	Election Campa	~			D May Be
Zip	Country	28     Zip	Country	······································		Trust Fund Cont		<u> </u>		d to Fees
] <sup>Z</sup> ",	25	29	30	•	8.	This corporation Florida Statutes		r intangible <b>X</b> Yes [		s. 199.032,
1	9. Name and Address of Curr		1001		10.	Name and Add				
ASA	MA, WILLIAM N.		81	Name						
	S. DILLARD ST.		82	Street A	Address (I	P.O. Box Number	is Not Accepte	able)		· ,
WIN	iter garden fl 32787	•								
			83							
			84	City				FL	85 Zi	o Code
d Disable	to the provisions of Sections 607.0	0500 and 607 4500 Clasida Chat.				a subselte this at	stampet for the			He registers
	Stonature, typed or printed name of registered	agent and tide if applicable INOT				board of directors		DATE	··············.	
GNATURE.		AND DIRECTORS	E: Registered Agr		required whe			DATE	D DIRECTO	DRS IN 12
SIGNATURE.  2.  (ILE	OFFICERS A		E: Registered Agr		required whe	n reinstaling)		DATE		DRS IN 12
SIGNATURE.  2.  TILE  JAME	OFFICERS A  D  FARR, OLIVER L.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature	required whe	n reinstaling)		DATE	D DIRECTO	DRS IN 12
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental innual report frue and accurate and that my signature shall have the same legal effect as if made under oath; the lam an officer or director of the corporation of their receiver or to stee explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or pryan attachment with in address.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phon

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