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PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT # J65007** 

(3)

LIST HOLDINGS, INC.			C NECTION TO BE EXCELLED AND CORRECT OR SERVED AND CONTRACT OF SERVED AND CONTRACT OR SERVED AND CONTRACT OR S	ETT DRÅK DERNE DIVEN VERKE RIVER DIVEN VIRNI FORM
Principal Place of Business	Mailing Address			
138 N. COUNTY ROAD	138 N. COUNTY ROA	D		
PALM BEACH FL 33480-1245	PALM BEACH FL 334			
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		<b>04/02/1987 4.</b> FEI Number	01/20/1995 Applied For
21	26		59-2797408	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Cert ficate of Status Desired	\$8.75 Additional
22	27			Fee Hequired
City & State	Oty & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,
25	29	[30]		es No
9. Name and Address of	of Current Registered Agent	DI Nome	10. Name and Address of New	Registered Agent
FIOT MANDENS		81 Name		
LIST, MARTIN A. 138 NORTH COUNTY ROAD		82 Street Ad	ldress (P.O. Box Number is Not Accepta	able)
PALM BEACH FL 33480		83	·····	
77 22 1011 1 2 00 100		84 City		<b>85</b> Zip Code
				FL
<ol> <li>Pursuant to the provisions of Sections ( or registered agent, or both, in the Stat</li> </ol>	607.0502 and 607.1508, Florida Statu de of Florida, Suco chaugo was a dhori	ites, the above-named corporation's h	poration submits this statement for the plant of directors. Thereby accept the ar	urpose of changing its registered office
familiar with, and accord the obligations	is of, Section 607.0505, Horida Statute	rearry incressiparation and	send of the obtains. The roby this opin the tip.	portunent da registered agent. Fam
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certify that the information inclined with this annual report is visit and under some state of section 19.07(s)(s), Florida Statutes. Further certify that the information indicated on this annual report is 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, or on an attachment with an address.

Other Daytime Prione #

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR