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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

172501

| ALLEI | n Name L UIA MIN I | STRIES, INC. | | • | | | | | | | | |
|--|--|---|--|--|--|--|-------------------|--|-------------------------------|----------------------------|-----------------------------------|--------------------------------------|
| Principal Place | of Business | -··· | Maitin | g Address | | | | i idalika biat ibada | | | | |
| 1112 WOODBINE CT FERN PARK FL 32730 US | | 1112 WOODBINE COURT FERN PARK FL 32730 US | | | | | | | | | | |
| | | | | | | | | 3. Date Incorporated o 05/13/1987 | r Qualified | 3a. Date | | • |
| 2. Principal P | ace of Busine | ess | 2a. Ma | ailing Address | | | | 4. FEI Number | | U | <u>8/04/</u> | Applied For |
| 1 | | | 26 | | | | | 59-2801548 | 3 | | | Not Applicable |
| Suite, Apt. | #, etc. | | 27 | uite, Apt. #, etc. | | | | 5. Certificate of Status | Desired | | | 75 Additional |
| City & State | e | | | ty & State | | _ | | Election Campaign F | inancina | | | e Required |
| 3 | | | 28 | | | | | Trust Fund Contribu | | | | .00 May Be ded to Fees |
| Zip Ti | ĺ | Country | Zıp |) | Countr | ry | | 8. This corporation has | | | | |
| 4 | | 25 and Address of Curre | 29 ent Registere | ed Anent | 30 | | | Florida Statutes | | ⊠ No | | |
| | <u>.</u> | | om registere | o Agent | 81 | 1 Name | | 10. Name and Addres | S OI NEW H | legistered / | tgent | |
| CHUBE | 3, ALBERT (| н. | | | 82 | 0 0 | | s (P.O. Box Number is No | | ,-, | | |
| | VOODBINE | | | | 04 | Street | Addres | s (P.O. Box number is inc | ot Acceptati | ile) | | |
| FERN I | PARK FL 32 | 2730 | | | 83 | 3 | | | | | | |
| | | | | | 84 | 4 City | | | | | 85 | Zip Code |
| 11 Durauant 6 | | | | | | 1 | | | | <u> </u> | | • |
| | IO TOA DIOVISI | ons of Sections 607 050 | 12 and 607 15 | OR Florido Statut | oc the phone | 200000000000000000000000000000000000000 | | | | | | |
| or register | to the provision red agent, or | ons of Sections 607.050 both, in the State of Flo | 02 and 607.15 rida. Such cha | 08, Florida Statut ange was authoriz | es, the above ed by the con | named co poration's | orporati board | on submits this statement of directors. I hereby acce | t for the pur | pose of cha pintment as | nging it rea ster | s registered offic ed agent. I am |
| | to the provision to the total agent, or the things the things and the total acceptance of the things and the things are the things and the things are the th | ons of Sections 607.050 both, in the State of Flo ot the obligations of, Sec | 02 and 607.15 rida. Such cha ction 607.050 | 508, Florida Statut ange was authoriz 5, Florida Statutes | es, the above ed by the con | -named co poration's | orporati board | on submits this statement of directors. I hereby acce | for the pur opt the appo | pose of cha pintment as | nging it register | s registered offic ed agent. I am |
| or register familiar wi | | ons of Sections 607.050 both, in the State of Floi at the obligations of, Sec or printed name of registered age | | | | | | | t for the pur apt the appo | | nging it reg ster | s registered offic ed agent. I am |
| SIGNATURE . | Signature, typed : | | nt and title if applica | able. (NC RS | es, the above ted by the cons. TE-Registered Age 13. | | | | · | DATE | <u>-</u> | |
| SIGNATURE | Signature, typed o | or printed name of registered age: OFFICERS At | nt and title if applica | able. (NC | 13. | ent signature c | | hen reinstafingi | · | DATE ICERS AND | <u>-</u> | FORS IN 12 |
| SIGNATURE | Signature, typed : VSD CHUBE | or printed name of registered age: OFFICERS At | nt and title if applica | able. (NC RS | 13. 1.1 TITLE | ent signature r | | hen reinstafingi | · | DATE ICERS AND | DIREC | FORS IN 12 |
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