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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # J83689 (6)  DONALD U. NORES REPRODUCTIONS INCORPORATED  Principal Place of Business Mailing Address								
3508 S. Manhattan avenue Tampa FL 33629 — 14828			3508 S. MANHATTAN AYENTE TAMPA FL 33629 — 4828			-	) 1911 SIBIL <b>(1811 (1811 )</b>	AON OIDII RIBII 1061
						3. Date Incorporated or Qualified	3a. Date of Las	t Report
. Principal f	Place of Business	<u>.</u>	2a. Mailing Address			07/22/1987 4. FEI Number	04/21/1	995
]		}	26. Walling Address	>				Applied For
Suite, Apt	#, etc.		Suite, Apt. #, et	lc.	· · · · · · · · · · · · · · · · · · ·	59-2825434	\$R	Not Applicabl 75 Additional
City & Sta	to	;	27			5. Certificate of Status Desired	1 1	e Required
Oity & Ota	ile.	<u> </u>	City & State			6. Election Campaign Financing		.00 May Be
Zip	Country		Zip	Cox	intry	Trust Fund Contribution	Ac	ded to Fees
	25		29	30		This corporation has liability for it     Florida Statutes	intangible tax unda □ No	rs 199.032,
	9. Name and Addre	ss of Current Re	egistered Agent			10. Name and Address of New R		
					81 Name			
NORES, DONALD U.					82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	·-··
	MANHATTAN AVENUI	E			83		<del></del>	
IAMPA	FL 33629 -4828							
					84 City		85	Zip Code
<ul> <li>Pursuant</li> </ul>	to the provisions of Section	ons 607,0502 and	1 607 1500 Flacide O		<del></del>		DOOD of phonoing if	
	ered agent, or both, in the rith, and accept the obligat	State of Florida. Stons of, Section 6	Such change was aut 507.0505, Florida Sta	tatutes, the abo horized by the c tutes.	ve-named corpo corporation's boa	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing in pintment as register	s registered offic ed agent. I am
NATURE	Signature, typed or printed name of		lle If applicable	(NOTE: Registered	ve-named corporation's box  Agent signature requir	red when reinstating)	DATE	
SNATURE E	Signature, typed or printed name of	of registered agent and til	lle If applicable		Agent signature requir		DATE CERS AND DIREC	TORS IN 12
ENATURE	Signature, typed or printed name o	of registered agent and til FFICERS AND DIF	ile if applicable RECTORS	(NOTE: Registered	Agent signature requir	red when reinstating)	DATE	TORS IN 12
E E ADORESS	Signature: typed or printed name of Of D NORES, DONALD U 3508 S. MANHATTA	of registered agent and to FFICERS AND DIF	ile if applicable RECTORS	(NOTE: Registered 13. 1.1 Ti 1.2 NA	Agent signature requir	red when reinstating)	DATE CERS AND DIREC	TORS IN 12
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