	PROFIT RPORATION UAL REPORT 1996		Sec	PARTMENT of Branch of State of CORPOR.	m e				
DOCU 1. Corporatio	MENT # J933	359	(4)						
	& OFF ROAD OPTIONS, I	INC.							
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Principal Place	e of Business	Mail	rig Address						
	AMONA BLVD. VILLE FL 32205		5865 UNIVERSITY JACKSONVILLE FL US	BLVD W. 32216		į			
						3. Date Incorporated or Qualif 09/14/1987	fied 3a. Date	of Last 07/06/	Report 1995
2. Principal Pl	lace of Business	2a. N	Mailing Address		·	4. FEI Number 59-2843073			Applied For
Suite, Apt.	#, etc.	s	luite, Apt. #, etc.			Certificate of Status Desired		\$8.7	Not Applicable 5 Additional
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Zip	Country	28 7	ip	Cour	ntry	Trust Fund Contribution		Add	ed to Fees
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D4: 44		Tont Hogister	eu Agent		B1 Name	10. Name and Address of Ne	w Registered	Agent	
	iky, michael 10 ramona blyd.			ļ.	82 Street Add	dress (P.O. Box Number is Not Acce	ptable)		···
	SONVILLE FL 32205			ļ.	вз		······································		
				ļ.	34 City			85 2	ip Code
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or register	0 the provisions of Sections 607,05 ed apent, or both, in the State of Fu	02 and 607.1	508, Florida Statu	tos, the abov	 e-named corpo	pration submits this statement for the	FL Durpose of cha	Ingino its	registered office
or registere familiar wit	o the provisions of Sections 607,05 ed agent, or both, in the State of Fli h, and accept the obligations of, Se	002 and 607,1 lorida. Such el ection 607,050	508, Florida Statu nange was authori 15, Florida Statute	tos, the abovized by the cost.	 e-named corpo orporation's boa	oration submits this statement for the ord of directors. I hereby accept the a	purpose of cha appointment as	inging its registere	registered office d agent. I am
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