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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

J97403

(6)

REGISTRATION CORPORATION OF FLORIDA, INC.

	of Rusinoss	Madisa Astalia						
•	of Business SAND PINES LANE	Mailing Address 22422 THOUSAN	ID PINES LANE					2.3 0.211 1881
BOCA RATON FL 33428 BOCA RATON FL 33428								
					Date Incorporated or Qualified 10/15/1987	3a. Date o 04/	f Last Re 25/199	•
	lace of Business	2a. Mailing Addres	s		4. FEI Number	***************************************		Applied For
Suite, Apt.	# ata	26	4.		65-0008777			Not Applicable
22 Soite, Apt.	#, etc.	Suite, Apt. #, e	nc.		5. Certificate of Status Desired			Additional Required
City & State	е	Orty & State			Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Coun	try	8. This corporation has liability for in		under s	199.032,
24	25 25 Address of C	[29]	30		Florida Statutes Yes			
	9. Name and Address of Cu	urrent Hoghstered Agent		31 Name	10. Name and Address of New Re	gistered Ag	ent	
ACVEDI	HAN DOWARD			Norrie				
	MAN, HOWARD THOUSAND PINES LANE		82 Street Add		lress (P.O. Box Number is Not Acceptable	0)		
	RATON FL 33428		1	33				
• •	= /=-		1	34 City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508. Florida \$	Statutes, the above	e-named corpo	ration submits this statement for the purp		ino ite r	agistared office
or register	red agent, or both, in the State of th, and accept the obligations of	-Florida. Such change was au	thorized by the co	rporation's boa	ard of directors. I hereby accept the appo	intment as re	gistered	agent. I am
	an, and accept the obligations of	Section 607,0005, Fighta Si	atutes.					
SIGNATURE .	Signature, typed or printed name of registered	i spent and title if anylinship	6855 B 235			DATE		
		a policy or entrol to the distriction	(NOTE: Hugistered A	gent signature require	ec when renstaring)	UAL		
		S AND DIRECTORS	13.	gent signature require	ac when renstating: ADDITIONS/CHANGES TO OFFICE		IRECTO	RS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING. OFFICER OR DIRECTOR

407-241-3800 Dayline From #