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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J97960

(5)

BRUCE J. DANIELS, P.A.

FILED
Mar 19 1997 8:00am
Secretary of State



Principal Place	of Business	Mailing Addre						BEIG TANTA INTENDITORI	1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	11811 81811 8181	A MINIT 1991
336 GOLFVIEW	ROAD	336 GOLFVIEW	/ ROAD								
#1018	BEACH FL 33409	#1018 North Palm	REACH EL 9	2408.35	13						
US	DENON FE O	LF 20400-3212			3. Date Incorporated or Qualified 3a. Date of Last Report 02/23/1996						
2. Principal Pr	ace of Bushess	2a. Mailing Ad	idress				4. FEI Number				pplied For
1		26					65-00090	345			ot Applicable
Suite, Apt	#, (eft)	Suite, Apt.	#, etc.				5. Certificate of	Status Desired			Additional lequired
City & State	}	City & Stat	c				6. Election Cam	paign Financing		\$5.00	May Be
3		28					Trust Fund C	ontribution			to Fees
	Country	Zφ		Col	untry		8. This corporat	tion has liability for			s. 199.032,
4	[25]	29		30			Florida Statut] Yes [
	9. Name and Address of Current	l Registered Agen	<u> </u>		ļ.,		10. Name and A	ddress of New Re	gistered	Agent	
	IIELS, BRUCE J.				Bi	Name					
336 #10	GOLFVIEW ROAD 18				B2	Street Addr	ess (P.O. Box Numb	er is Not Acceptat	ole)		
NOF	RTH PALM BEACH FL 32408				83		<u>.</u>				
					84	City				85 Zip	Code
									FL		
off actor in agent. Lac SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the obliga	or Honda, Such ch itions of, Section 60	ange was a: 07.0505, Flo	utnonze rida Sta	tutes	the corporat	ion's board of direc	ors. I hereby acce	pt the app	ointment as	; registered
SIGNATORE	Signature, Expert or purifical rame of regallened ager	nt and the Tappocatée	3TON)	Registere	d Age	nt signature requit	red when reinstating)		DATE		
12.	OFFICERS AND			13.			ADDITIONS/C	HANGES TO OFFIC	CERS AND		
Fift	PD PDUOT (Ц	DELETE	1.1 T	nue					Change	L Additio
IAMI	DANIELS, BRUCE J.			1.2 N	AME						
STREET ADDRESS	336 GOLFVIEW ROAD, #1018			1.3 \$	TREET	ADDRESS					
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VAM:				2.2 N		İ					
STREET ADDICESS:				1		ADDRESS					
CON-SE ZIP					CITY - S	ST-ZIF					
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		Ll	DELETE	3.2 N	AME				***************************************	Change	☐ Addite
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Coly St. ZIP TIRE NAME STREET ADDRESS CHY-ST. Zec. DDD				32M 33S 34.0 41T 42D 43S 44C 51T	TREET CITY-S ITLE NAME CIREET CITY-S ITLE	ADDRESS					∐ Addilio
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. Lido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Horida Statutes, I further certify that the information indicates on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or a rector 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 attraction and address.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING

President

3-13-97 561-626-4

aytime Ethone #