	PROFIT RPORATION UAL REPORT 1996	Sandi Secr	PARTMENT OF STATE A B. Mortham etary of State of CORPORATIONS				
DOCU 1. Corporatio	MENT # J984	84 (5)					
	OWLER/NEBRASKA COR	PORATION					
							IATO BIBLI DIBLI BOLI IBBI
Principal Place	e of Business	Mailing Address			ODINIO BRID IBIBI IDINI DIDUN ID		
	BIGGS B LEWOOD -BLVD . (EG-FL-84699	C/O DIANE BIGGS 3816 BRAMBLEWOO! LAND O'LAKES FL. 3					
5 D: 15					ncorporated or Qualified [22] 1987		f Last Report 20/1995
	ace of Business D. N. Nebrasika	2a. Mailing Address		4. FELIN	umber 9-2860719	- 7	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			cate of Status Desired		Not Applicable \$8.75 Additional
City & State	e - 1	City & State		6. Election	on Campaign Financing		Fee Required \$5.00 May Be
Zip	Daid A Country	28	Country	Trust I	und Contribution		Added to Fees
4 336	25 9. Name and Address of Curr	29	30	Florida		s 🔲 No	1
	9. Name and Address of Con	rent Registered Agent	81 Name		and Address of New I	Registered Age	ent
BIGGS,	DIANE RAMBLEWOOD BLVD		82 Stree	Address (P.O. Box	Number is Not Acceptal	ble)	
	PLAKES FL 34639		83		,		
			84 City	····			B5 Zip Code
11. Pursuant t	to the provisions of Sections 607.05						1 ' 1
		002 and 607.1508, Florida Statut	es, the above named of	corporation submits	this slatement for the nu		ing its registered off
familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, So	02 and 607.1508, Florida Statut orida, Such change was authoriz ection 607.0505, Florida Statutes	es, the above-named c red by the corporation! 3.	corporation submits s board of directors.	this statement for the pu I hereby accept the app		ing its registered office jistered agent. I am
familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, So Signature, typed or printed name of registered ag	ection 607.0505, Florida Statutes	3.	board of directors.	this slatement for the pu I hereby accept the app	rpose of changi pointment as reg	Jistered agent. I am
familiar wit SIGNATURE _	th, and accept the obligations of, So Signature, typed or printed name of registered ag	ection 607,0505, Florida Statutes and and title a applicable. (NG AND DIRECTORS	S. DTE: Registerea Agent signature 13.	required when reinstating)	this slatement for the pu I heroby accept the app ONS/CHANGES TO OFF	rpose of changi pointment as reg DATE FICERS AND DIF	Jistered agent. I am
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