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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Apr 10 1997 8:00am Secretary of State

7 (1 4)	1997	9 - 7	etary of State OF CORPORATIONS	Scoretai	<i></i>
1. Corpora	JMENT # KO24(Y AND SIROVY, P.A.	60 (9)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Prace of Business 8688 S.W. 109TH PLACE OCALA FL 34481		Mailing Address 8688 S.W. 108TH PLACE OCALA FL 34481-9783			
US		US		3. Date Incorporated or Qualified 11/16/1987	3a. Date of Last Report 07/30/1996
2. Principa 21	l Place of Business	2a. Mailing Address		4. FEI Number 59-2858260	Applied For Not Applicable
	ot #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Si	late	City & State	·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Ζφ 29	Country 30	8. This corporation has liability for	
	g, Name and Address of Cu	urrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
30 Al	IROVY, AUDRETA B. DO A-1-A PT. C-304 UPITER FL 33477			dress (P.O. Box Number is Not Acceptal	ole)
			84 City		85 Zip Code
11. Pursua	nt to the provisions of Sections 607	2.0502 and 607.1508. Florida Sta	11 "	rporation submits this statement for the r	FL []
11. Pursua office c agent SIGNATUR	ŧ .		atutes, the above-named cor as authorized by the corpora Florida Statutes	rporation submits this statement for the pation's board of directors. I hereby accelured when reinstance)	FL []
	E Signature Typed or product name of registers OFFICERS	ed agent and little if applicable (I S AND DIRECTORS	11 "		DATE DATE DEPT. STATE DATE CERS AND DIRECTORS IN 12
SIGNATUR 12. Title	E Signature typed or profed figure of register OFFICERS	ed agent and lide if applicable (I	stutes, the above-named cor as authorized by the corpora Florida Statutes NOTE Registered Agent signature requirements 13. 1.1 Title	uired when reinstating)	DATE
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information indicated 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 oath; that I am an officer or director 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

0441897