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1997

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FLORIDA DEPARTMENT OF STATE

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May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K31817

(5)

LIPFORD ENTERPRISES, INC.

Principal Place of Business Mailing Address					L HOSIONN DED ANSK NOON LOON KIEN (I	ED) DÍMIS DIOS ALBIT AIDIN BI	011 010 11 1001
561 MAITLAND AVE ALTAMONTE SPRINGS FL 32701		561 MAITLAND AVE ALTAMONTE SPRINGS I	581 MAITLAND AVE ALTAMONTE SPRINGS FL 32701-6322				1
					3. Date Incorporated or Qualified 08/25/1988	3a. Date of Last 05/01/199	
2. Principa Place of Business		2a. Mailing Address			4. FEI Number		Applied For
11		26			59-2906226		Not Applicable
Suite, Apt #.	eto	Suite, Apt. #, etc. 27			6. Certificate of Status Desired	1 1	Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for	r intangible tax under	s. 199.032,
24	25	29	30			☐ Yes 🕅 XNo	
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New R	egisterea Agent	
	ORD, CHARLES E.			Name			
	MAITLAND AVENUE			82 Street Add	lress (P.O. Box Number is Not Accepta	able)	
ALTAI	MONTE SPRINGS FL 32701		ŀ	83			
			į				
				84 City		FL 85 Zij	Code
office or reg	stered agent, or both, in the State familiar with, and accept the obli	te of Florida. Such change was igations of, Section 607.0505, F	s authorized Florida Stati	by the corporal ites	ition's board of directors. I hereby according	ept the appointment a	is registered
SIGNATURE		vanut and title if englicable (NC			ired when reinstalian)	DATE	
SIGNATURE	geature, typed or printed name of registered a		OTE. Registered	Agent signature requi		DATE	DRS IN 12
SIGNATURE SIL	geature, typed or printed name of registered a	rigant and life if applicable (NC ND DIRECTORS DELETE		Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE SILE	godure, typed or printed name of registered a OFFICERS A PD	ND DIRECTORS	OTE. Registered	Agent signature requi		ICERS AND DIRECTO	
SIGNATURE SILE 12. TITLE NAME	goalure, typed or printed name of registered a OFFICERS A	ND DIRECTORS	13. 1.1 TIF	Agent signature requi		ICERS AND DIRECTO	
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