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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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A HANKERIN ARA KUMA KARA KARA KARA KARAK ANGAN IRIN ARAK RAKAK RAKA ANDIK ANDIK ANDIK ANDIK ANDIK ANDIK ANDIK

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K32449

(6)

PAULA HAWKINS AND ASSOCIATES, INC.

Original Disa	and Duviness	h fu lun Addron							21211 (116)
Principal Plac	e or business	Mailing Addres	15				******************		0.91, .00.
P O BOX 193 P.O. BOX 193		P O BOX 183 P.O. BOX 183	P O BOX 193						
WINTER PARK	FL 32790		WINTER PARK FL 32790-0193						
						3. Date Incorporated or Qualifie		te of Last R	eport
						09/07/1988	02/2	26/1996	
2. Principal F	lace of Business	2a. Mailing Add	dress			4. FEI Number			plied For
21	# +1	26	4 -1-			59-2911157			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #	r, eic.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	io	27 City & State		·		& Floring Committee Street			
23		28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip		Country	· · · · · · · · · · · · · · · · · · ·	This corporation has liability f			
24	25	29	3	<u></u>		Florida Statutes	Yes [. 103,002,
<u> </u>	9. Name and Address of C					10. Name and Address of New	Registered A	gent	
HAV	VKINS, PAULA			81	Name				
	4 N. PARK AVENUE			62	Street Add	Iress (P.O. Box Number is Not Accep	Jahle)		
	TER PARK FL 32789				Olieci Nou	reas (r.o. Dex Hamber is Not Nedep	nablej		
				83					
				04	Cau		····	les l'in	O-4-
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 60	7 0502 and 607 1508, Flor	rida Statutes	the above	named cor	poration submits this statement for thation's board of directors. I hereby ac-	e purpose of	changing it	s registered
OFFICE OF I	in familiar with and accept the	obligations of Section 607	7.0505 Flori	da Statutes.	uno corpora	more board or an octors. Thorough ac	oopt the appe		109.0.0.00
J	im tamiliar with, and accopt the	oungations of occopin con	1.0000, 110/1						
agent. La SIGNATURE	•	•	·	Registered Agen		ired when reinstating)	DATE		
J	Signature, typed or pureled name of registe	•	·	Registered Agen		uired when reinstating) ADDITIONS/CHANGES TO OF		DIRECTOR	IS IN 12
SIGNATURE	Signature, typed or rainted name of register OFF IGER	ered agent and tite if applicable	·				FICERS AND	DIRECTOR Change	
SIGNATURE	Signature, typed or painted name of register OFFIGER PD HAWKINS, PAULA	ered agent and tite if applicable	INOTE	13.			FICERS AND		
SIGNATURE 12. IIILE	Signature, typed or rainted name of register OFF IGER	ered agent and tite if applicable	INOTE	13. 1.1 TITLE	it signature requ		FICERS AND		
SIGNATURE 12. HITLE HAME	Signature, typed or painted name of register OFFIGER PD HAWKINS, PAULA	ered agent and titr if applicable IS AND DIRECTORS	INOTE	13. 1.1 TITLE 1.2 NAME	it signature requ		FICERS AND		
SIGNATURE: 12. TITLE NAME STREET ADORESS	Signature, typed or parties Farme of register OFFICER PD HAWKINS, PAULA 1214 PARK AVE N	ered agent and titr if applicable IS AND DIRECTORS	INOTE	13. 1.1 Title 1.2 NAME 1.3 STREET A	it signature requ		FICERS AND		Addition
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attackinent with an address.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR