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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN

Sandra B. Mort

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Feb 12 1997 8:00am

Secretary of State

Secretary of St DIVISION OF CORPO ATIONS

DOCUMENT # K53213

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SIGNATURE

| | HAYMONU | , | | | | | | | | | | |
|--|--|---|---------------------------|-------------------------|--|--|--|---|------------|---------------------------------------|--|--|
| Principal Plac | e of Busines | s | Mailing | Address | | | | | | | | |
| % RAYMOND L. MILLER 2219 CATHEDRAL DR PALM HARBOR FL 34683-6714 PALM HARBOR FL 34683-6714 | | | | | | | | | | | | |
| | | | | | | | | 3. Date Incorporated or Qualifie 12/16/1988 | | Date of Last /24/1996 | Report | |
| 2. Principal P | lace of Busir | iess | 1 | ing Address | | | | 4. FEI Number | | | pplied For | |
| 21 Suite Ant | # otc | | 26 | a Ant # ata | | | | 59-2923179 | | | lot Applicabl | |
| 22 | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Regulred | |
| City & State | e | | | & State | | | | 6. Election Campaign Financing | | | May Be | |
| 23 | | | 28 | | | | | Trust Fund Contribution | | | to Fees | |
| Zip 24 | | Country 25 | Zip 29 | | 30 Cou | intry | | This corporation has liability f Florida Statutes | | e tay under No | s. 199.032 ₁ | |
| | 9. Name | and Address of Cur | rent Registered | Agent | | | | 10. Name and Address of New | Registered | Agent | i | |
| | LER, RAYM | | | | | 81 | Name | | | | | |
| | 9 CATHEDE | | | | | 82 | Street Addr | reet Address (P.O. Box Number is Not Acceptable) | | | | |
| PAL | M HARBOR | 1 FL 34683 | | | | 83 | ······································ | | | | ······································ | |
| | | | | | | 84 | City | | FI | 85 Zip | Code | |
| | to the provisi | ons of Sections 607.0 | 0502 and 607.15 | 08, Florida Sta | tutes, the a | bove-l | named corp | poration submits this statement for the tion's board of directors. I hereby ac | e nurnose | of changing | its registered s registered | |
| 11. Pursuant office or ragent. La | egistered ag m lamiliar wi | ent, or both, in the St th, and accept the ob | oligations of, Sec | tion 607.0505 | Florida Sta | tutes. | ine corporati | · · · · · · · · · · · · · · · · · · · | | | | |
| agent. La SIGNATURE | egistered ag im familiar wi | ent, or both, in the Stath, and accept the ob | ····· | | | | | | | | | |
| office of r agent. I a SIGNATURE | egistered ag im familiar wi | ent, or both, in the St. th, and accept the ob- or printed name of registered | agent and title if applic | cable. (f | VOTE: Registere | | | red when reinstating) | DATE | · · · · · · · · · · · · · · · · · · · | | |
| office of ragent. I a SIGNATURE 12. | egistered ag im familiar wi | ent, or both, in the St. th, and accept the ob- or printed name of registered | ····· | cable. (f | | d Agent | | | DATE | ID DIRECTO | RS IN 12 | |
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