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PROFIT CORPORATION ANNUAL REPORT

1996



FLOR-DA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State DIVISION OF CORPORATIONS

DOCUM 1. Corporation I		3	(1)						
•	ON'S SERVICE, INC.					 			
Principal Place c	of Burnness	Mailing	Arld ace						
P.O. BOX 234									
HWY 486	9	P.O. I	BOX 2349 486						
CRYSTAL RIVE	ER FL 32623-2349		TAL RIVER FL 3	2623-2349		Date Incorporated or Qualified	1	Date of Last F)
						02/10/1989	за.	04/27/19	10.0
2. Principal Plac	ce of Business	2a. Maii	rg Address			4. FEI Number		0 1/2 1/10	Applied For
21		26				59-2932373			Not Applicable
Suite, Apt. #,	, etc		e, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
Oity & State		27	6 Ctata		· ···				Required
Oity & State		28	& State			6. Election Campaign Financing Trust Fund Contribution			May Be
Ζiρ	Country	Zip		Count		This corporation has liability for			199.032
24	25	29		30	•	1 A A	s ∐N		100.000,
	9. Name and Address of Currer	nt Registered	Agent			10. Name and Address of New	Registe	red Agent	
				8	1 Name				
Gassman, alan s.			8:		2 Street Addr	ess (P.O. Box Number is Not Accepta	ab e)		
	urt street			-					
SUITE 10				ľ	3				
CLEARW	ATER FL 34616			8	4 6	· · · · · · · · · · · · · · · · · · ·	_	85 Z	ρ Code
				"	4 City			_	•
11. Pursuant to or registerer	the provisions of Sections 607.0502	2 and 607.150	8, Honda Statut ige was authoriz	es the above		ation submits this statement for the p	Ir voso o	f changing its	registered office
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certify that the information indicated on this arroy is profit 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 complication 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 Orden an attachment with an address SOMETHING AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 4. DAMPON 111 5/21/96 (352) 746-701) SIGNATURE: