## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K74720

(9)

Section   Sect	Corporation     SARAS	Norme SOTA NAIL AND STAPLE,	INC.				
SARASOTA FL 94298  SARASOTA FL 94299  Declaration of Customers  SARASOTA FL 94299  Solve April 100  Solve Ap	Principal Place of Business Mailing Address						TAN ARAN ANDRI BIDIN BIDIN BIDAK BEDIN BIDIN NEBA
Description of Exercises   2a, Making Address   3c, Making Address   3c, Agricust Exercises	SARASOTA FL 34239						
President of Exercises   2a. Malling Advances   2b.   4. EM Market   2b.   50. Control   58.75 Addiscost   58.75 Addiscost   58.75 Addiscost   58.75 Addiscost   56. Decident of States Premise   58.75 Addiscost   56. Decident of States   56.		E 07200					,
Suite Apt #, etc.  Suite Apt #,	2. Puriogal Place of Business		2a. Mailing Address				
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FRIES, NORMA 2227 RIVER RIDGE DRVE SARASOTA FL 34249  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 (1000 and 607) 1509. Florids Statutiles, the above named corporation submists this statement for the purpose of changing its registered different for the purpose is a formation of the purpose different for the purpose is a formation of the purpose of the purpose is a formation of the purpose of the purpose is a formation of the purpose is a formation of the purpose is a formation of the purpose of the purpose is a formation of the purpose of the purpose is a formation of the purpose of the purpose is a formation of the purpose of the purpose is a formation of the purpose of the purpose is a formation of the purpose of the purpose is a formation of the purpose of the	<u> </u>			[30]			
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227 RIVER RIDGE DRIVE SARASOTA FL 34249  84 City  FL 85 Zip Code  1. Para-sent to the provisions of Sections 607 0502 and 607 1508. Floricit Statutes, the above named corporation submits this statument for the purpose of changing its registered agent. I am ferrance very part decret time decays and except time decays local collegations of shortest periodic for the provisions of sections 607 0502 and 607 1508. Floricit Statutes, the above named corporation submits this statutement for the purpose of changing its registered agent. I am ferrance very part decays the corporation is based of directors. Proretty accept the asystemment as registered agent. I am ferrance very part of the provisions and the provisions and the provisions and the provisions and the provisions are registered agent. I am ferrance very part of the pr	FRIES #	NORMA				dress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34249    84							
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11. Pursuant to the provisions of Sections 607 (0:02 and 607, 1508, Florich, Statutes, the above named corporation submids this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fands Such Change was all board by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familier with, and accept the collapsing of School for 606. Florids Statutes (Fands Statutes) and accept the collapsing of School for 606. Florids Statutes (Fands Statutes) (Fands Statut				8	84 City		85 Zio Code
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6.3 SIMEFT ADDRESS  1.1 - ST-7P  4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes, I further certify that the 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 of 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 12 in change 1 or on an attachmise with an address.							
63 SIRFFI ADDRESS control of the exemption stated in Section 119.07(3)(4). Florida Statutes. I further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. I further certify that the 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 of director of the comportation 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 change 1 or on an attachment with an address.	*(F		DELETE	6 1 Tiru	E		Change Addition
4. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes. I further certify that the 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 of director of the proportion 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 12 if change 1 or on an attachment with an address.							
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