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CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE

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Sulte, Apt. #, etc. 20	2. Principal Pla	ace of Business	2a. Mailing Address						
City & Status	1		26			59-2956538		<u> </u>	Not Applicable
City & State	Suite, Apt.	#, etc.				5. Certificate of Status Desired			
29	City & State	9	City & State				П		•
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 91 Name MCBRYDE, GARRETT E. 4 SPRINGHILL ROAD SHALIMAR FL 32579 182 Street Address (P.O. Box Number is Not Acceptable) 193 Name 194 City FL 85 Zip Code 195 Variety of provisions of Sections 607,0002 and 607,1008. Founds Statutes the above remed corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida. Statutes the above remed corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida. Statutes the above remed corporation submits this statement for the purpose of changing its registered agent. I am above remed corporation submits this statement for the purpose of changing its registered digner. I am above remed corporation submits this statement for the purpose of changing its registered digner. I am above remedied of directors. I hereby accept the appointment as registered agent. I am above remedied of directors. I hereby accept the appointment as registered agent. I am above remedied of directors. I hereby accept the appointment as registered digner. I am above remedied of directors. I hereby accept the appointment as registered digner. I am above remedied of directors. I hereby accept the appointment as registered digner. I am above remedied of directors. I hereby accept the appointment as registered digner. I am above remedied of directors. I hereby accept the appointment as registered digner. I am above remedied of directors. I hereby accept the appointment as registered digner. I am above remedied of directors. I hereby accept the appointment as registered digner. I am above remedied of directors. I hereby accept the appointment as registered digner. I am above remedied of directors. I hereby accept the appointment as registered digner. I am above remedied of directors. I hereby accept the appointment as registered digner. I am above remedied of directors. I hereby accept the appointme	!3								
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MCBRYDE, GARRETT E. 4 SPRINGHILL ROAD 584 1	:4			[30]		- 1011001 21011010		ent	
A SPRINCHILL ROAD SHALIMAR FL 32579 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos. the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was submitsed by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was submitsed by the corporation's board of directors. Thereby accept the appointment as registered agent. Law familier with, and accept the obligations of, Section 607.0505. Profice Statutos. SIGNATURE Signature Food or inclaims of registered agent and time flavocation. DPT MORRYDE, GARRETT E. 12 MANE MORRYDE, GARRETT E. 4 SPRINGHILL ROAD 13 STREEL ADDRESS CITY-S1-2P 14 CITY-S1-2P 14 CITY-S1-2P 15 STREEL ADDRESS 22 TIME 22 TIME 16 CITY-S1-2P 17 TIME 18 STREEL ADDRESS 24 CITY-S1-2P 18 STREEL ADDRESS 24 CITY-S1-2P 18 STREEL ADDRESS 25 STREEL ADDRESS 26 CITY-S1-2P 18 STREEL ADDRESS 26 CITY-S1-2P 18 STREEL ADDRESS 27 MANE 38 STREEL ADDRESS 28 MANE 39 STREEL ADDRESS 29 MANE 30 STREEL ADDRESS 29 MANE 30 STREEL ADDRESS 20 MANE 30 STREEL ADDRESS 30 STREEL ADDRESS 31 STREEL ADDRESS 32 MANE 33 STREEL ADDRESS 34 CITY-S1-2P 18 STREEL ADDRESS 35 STREEL ADDRESS 36 STREEL ADDRESS 37 MANE 38 STREEL ADDRESS 39 STREEL ADDRESS 30 STREEL ADDRESS 31 STREEL ADDRESS 32 MANE 33 STREEL ADDRESS 34 CITY-S1-2P 35 MANE 36 STREEL ADDRESS 37 MANE 38 STREEL ADDRESS 39 STREEL ADDRESS 30 STREEL ADDRESS 30 STREEL ADDRESS 30 STREEL ADDRESS 30 STREEL ADDRESS 31 STREEL ADDRESS 32 MANE 33 STREEL ADDRESS 34 CITY-S1-2P 35 MANE 36 STREEL ADDRESS 37 STREEL ADDRESS 38 STREEL ADDRESS 38 STREEL ADDRESS 39 STREEL ADDRESS 39 STREEL ADDRESS 39 STREEL ADDRESS 30 STREEL ADDRESS 30 STREEL ADDRESS 30 STREEL ADDRESS 31 STREEL ADDRESS 31 STREEL ADDRESS 32 MANE 33 STREEL ADDRESS		8. Hallis dillo reaction of our		81 N	lame				-
SHALIMAR FL 32579 83				82 S	Street Addres	s (P.O. Box Number is Not Acceptab	ole)		
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered official control obligations of Section 607,0505, Florida Statutes, and accept the displaced obligations of Section 607,0505, Florida Statutes, and accept the displaced obligations of Section 607,0505, Florida Statutes, and accept the displaced agent are the displaced agent agent agent agent are the displaced agent agent agent are the displaced agent age				63					
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The above-harmed corporation submits this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes. SIGNATURE: Signature foot or in lad name of repidence agent and first in a provide agent and first and first in a provide agent and first in a provide agent and first and	SHALIM	IAN FL 323/8		84 C	City			85 Zı	p Code
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12.	or register familiar wi	red agent, or both, in the State of Flo th, and accept the obligations of, Se	orida. Such change was autho ction 607.0505, Florida Statul	enzed by the corporal	tion's board	or directors. Friereby accept the app	oiniment as re	gistered	agent. I am
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Ad I do beach, and it what the information curvaling with this filling is valuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). Florida Statutes, I further	CITY-ST-7IP			6.4 CITY-ST-Z	ZIP				
certify that the information supplied will his hing is voluntary or suppliemental 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 precior of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	14. I do herel	et the information indicated an thic or	anual roopet or eupolomental s	annual remort is true :	and accurate	ano mai my skinaiure snaa nave mi	: Same Houar C	HIGH RIS	יסטונום סטמוו וו

A GARRETT E. M. BRY DE 269696904-651-1631
TED NAME OF SIGNING OFFICER OR DIRECTOR