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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT #
1. Corporation Name

(0)

AVENUE PARTNERSHIP, INC.

AVENUE PARTNERSHIP, INC.					
Principal Place of B	Business	Mailing Address			1111 A121 E1211 A1811 A1811 E1811 E1811 A1811 1881
706 TURNBULL		706 TURNBULL A	VENUE		
SUITE 104		SUITE 104			
ALTAMONTE SPRINGS FL 32701 US		altamonte springs fl 32701 US		3. Date Incorporated or Qualified 09/28/1989	3a. Date of Last Report 03/27/1995
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-2976093	Not Applicable
Suite, Apt. #, et	tc.	Suite, Apt #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	rintangible tax under s. 199.032, s. □No
	25 9. Name and Address of Curre	29 Agent	[30]	Florida Statutes	
<u></u>	9. Name and Address of Curre	nt Hegistered Agent	81 Name	TO. Italia dia visa in the second	
DUNCAN, H.A. 706 TURNBULL AVENUE ALTAMONTE SPRINGS FL 32701				Address (P.O. Box Number is Not Accepta	hia)
			82 Street	Address (M.O. box intimper is not accepta	ioro)
			83		
MINNO			84 City		85 Zip Code
				orporation submits this statement for the purposed of directors. Thosely accept the appropriate the process of	FL
or registered a familiar with, a SIGNATURE	ne provisions of Sections 607,050; agent, or both, in the State of Flor and accept the obligations of, Sec nature, typed or profest name of registered ages	tion 607.0505, Florida Statu	(NOTE Registered Agent signature	raqured when real shahig	DATE
or registered a familiar with, a SIGNATURE	and accept the obligations of, Sec	cass total applicable ID DIRECTORS	nes	raqured when real shahig	FICERS AND DIRECTORS IN 12
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