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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

191

300	ITHEAST FLOATING DOC	CKS, INC.						
Principal Place of Business		Mailing Address						
1920 DOBBS RD St. Augustine Fl. 32086		1920 DOBBS RE St. Augustine						
					3. Date Incorporated or Qualified	3a. Date	of Last F	Report
					10/19/1989		03/21/	1995
	lace of Business	2a. Mailing Address			4. FEI Number		777	Applied For
26			L		59-2857556		ب∫	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\Box		5 Additional
City & Stat	e	Orty & State			C Classica Connection Languist			Required
3		28		6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zrp	Country	Zip	Cour	ntry	8. This corporation has liability for	intanoible ta		
4	25	29	30		Florida Statutes 🔲 Yes	3 ∐ No		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New I	Registered	Agent	
				81 Name				
	son, alan			82 Street Add	dress (P.O. Box Number is Not Acceptal	ble;		
83				00				
	DOBBS RD			83				
SI A	ugustine FL 32086			84 City		——————————————————————————————————————	85 Z	ip Code
iamilai wi	itin, and accept the obligations of, s	flonda. Such change was auth Section 607.0505, Florida Statu	orized by the c utes.	orporation's boa	oration submits this statement for the pu and of directors. Thereby accept the app	xointment as	registere	d agent. I am
SIGNATURE	Signature, typed or printed name of registered a	Tonda, Such change was authocetion 607,0505, Florida Statu agent and title if applicable. AND DIRECTORS	orized by the c utes.	orporation's boa	ard of directors. Thereby accept the app	DATE		d agent. I am
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emperormania unificed report is successful accurate and that my signature shall have the same legal effect as if made undo the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name achieved with an address. oath; that I am an officer or director of the corpor appears in Block 12 or Block 13 if changed, or

SIGNATURE: __

TED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 904-825-3625