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	998 Division of corporations				Secretary of State				
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CKSONVILL	LE FL 32202-3510	JACKSO	WILLE FL 322	02		3. Date Incorporated or Qual		S SPACE	
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uite, Apt	#, elc.	Suite,	Apt. #, etc.			5. Certificate of Status Desire	d []	\$8.75 Fee Re	
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ip	Country	Zip		Cour	itry	8. This corporation owes or h		urrent year Int	angible
	25 g, Name and Address of Co	29 urrent Registered A	gent	30		Personal Property Tax due 10. Name and Address of Na			No
	GLER, MITCHELL W.			1	81 Name	······································			
	NE INDEPENDENT DRIVE			ŀ	82 Street Add	Iress (P.O. Box Number is Not Acc	eptable)		
	CKSONMLLE FL 32202			ŀ	B3				
				ŀ,	84 City			85 Zip	Code
	to the provisions of Sections 607	7 0502 and 607 1508	Elorida Stati			poration submits this statement for	FI the purpose		
Pursuant t office or re agent. La	to the provisions of Sections 607 egistered agent, or both, in the f m familiar with, and accept the o	7.0502 and 607.1508 State of Florida Suci obligations of, Soctic	8, Florida Statu h change was n 607.0505, F			poration submits this statement for tion's board of directors. I hereby			
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