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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

JAN. 30, 1997
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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51590

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	LDING CO.					J (HANIĞI) BEN BURU MARK ÖNÜR ORUM	OLII ANAN ALI	in bigii bibii bibi	
Principal Place of Business Mailing Address C/O JOHN PALUMBO C/O JOHN PALUMBO			L-14F **						
499 S.R. 434 NORTH. SUITE 2149 ALTAMONTE SPRINGS FL 32714		49	499 S.R. 434 NORTH, SUITE 2149 ALTAMONTE SPRINGS FL 32714-2170			3. Date Incorporated or Qualified	ι .	Date of Last R	eport
6 63 3 3 G			NA Con Address			02/16/1990	0	5/01/1996	
2. Principal Pla	ice of Business	├ ──¬	Mailing Address			4. FEI Number			oplied For of Applicable
Suile, Apt. #	. etc.	26	Suite, Apt. #, etc.			59-2997885			Additional
2	,	27	4,7,10,7,11,11			5. Certificate of Status Desired		Fee Re	
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	<u> </u>	Zip	Cou	ntry	8. This corporation has liability for			. 199.032,
4	25	[29]		30		Florida Statutes	Yes		
	9. Name and Address	s of Current Hegist	tered Agent		81 Name	10. Name and Address of New f	registere	g Agent	
	JMBO, JOHN			ļ	OI MEMB	<u> </u>	_		
	S.R. 434 NORTH				82 Street Ac	ldress (P.O. Box Number is Not Acce pt	able)		
	E 2149				B3				
ALTA	umonte springs fl	. 32714							
					84 City		F	85 Zip	Code
11 D	the provisions of Section	ons 607 0502 and 60	07.1508. Florida Stati	utes, the al	pove-named co	orporation submits this statement for the			ts registered
• • • • • • • • • • • • • • • • • • •	, 1, 10 h, 10 1, 10, 10, 10, 10, 10, 10, 10, 10,		de Duch change was	a thatian	thu the mores	ration's board of directors. I hereby acc	ept the a	ppointment as	registered
office or re	gistered agent, or both,	in the State of Florio	ia. Such change was	Saumonzeo	a by the corpo				
office or re agent. I am	gistered agent, or both, n familiar with, and accep	in the State of Florio pt the obligations of	, Section 607.0505, F	lorida Stat	utes.	ration's board of directors. I hereby acc			
office or re agent. I am SIGNATURE	gistered agent, or both, in familiar with, and acception and acception are specifically as protect name of the second sec					quired when reinstating)	DATE	***************************************	
office or re- agent. I am SIGNATURE	lignature. Typical or printed name o		il applicable. (NC				DATE		
office or regagent. I am	lignature. Typical or printed name o	of registered agent and title i	il applicable. (NC	OTE: Registered	Agent signature re	quired when reinstalling}	DATE		
office or regagent. I am SIGNATURES	OFI D PALUMBO, JOHN	of registered agent and title FICERS AND DIREC	il applicable. (NC	OTE Registered	Ageni signalure re	quired when reinstalling}	DATE	ND DIRECTOR	RS IN 12
office or regagent. I am SIGNATURE S 12.	OFI D PALUMBO, JOHN 499 S.R. 434 NORT	of registered agent and title FICERS AND DIRECT	il applicable. (NC	13. 1.1 Tf	Ageni signalure re	quired when reinstalling}	DATE	ND DIRECTOR	RS IN 12
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