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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

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(7)

	WILSON AND ASS	OCIATES, INC.							
Principal Place of	of Business	Mailing Address				1 1882121) Att 18816 sente state	. 61171 8811 81411	1 E1611 21211 01011 1	11010 \$1211 1001
5601 CYPRES	S HOLLOW WAY 3942	NAPLES FL 3394	5601 CYPRESS HOLLOW WAY NAPLES FL 33942						
US		US			ŀ	<ol> <li>Date Incorporated or Qualif 05/09/1990</li> </ol>	ied 3a. D	Oate of Last Re 08/11/199	
2. Principal Plac	no of Duginson	2a. Mailing Addres	s			4. FEI Number			applied For
2. Principal Mac 21	de of business	26 5601 Cu		Llakowa Li	ابيدا	65-0206040		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, e		1100000	<del></del>	5. Certificate of Status Desired	1 57	\$8.75	Additional
22	, •	27				5. Certificate of Status Desired		Fee F	Required
City & State		City & State	es h	- -		<ol><li>Election Campaign Financial Trust Fund Contribution</li></ol>	ng 🗆		May Be I to Fees
Zip	Country	Zip	•	Country		8. This corporation has liability			199.032,
24	25	29 3394	2 30	U.S.	<u>^.</u>		Yes No		
	9. Name and Address	of Current Registered Agent		-		10. Name and Address of N	ew Register	ed Agent	
				81 Name	, M	1LGON, ALLAH			
WILSON,	, allan			82 Stree	t Addres	(P.O. Box Number is Not Acce	eptable)		
2590 GO	)lden gate parkwa	Y		5	601_	cypress Holor	7 Man	}	
SUITE 10	05			83	Nao	las"			
NAPLES	FL 33942			84 City	1	10.16		85 Zip	Code
					- 13	KYUS	0.0000000000000000000000000000000000000	changing its r	SALL Office
ar vaniatora	od about or both in the St	s 607,0502 and 607,1508, Florida ate of Florida. Such change was a	Statutes, th	ne above-named (	corporati	on submits this statement for the	e purpose oi appointmen	t as registered	agent. I am
			utnonzeo di	y me corporation	S DOMIU	of directors. Thereby accept and			
familiar with	n and accept the obligatio	ns of, Section 607.0505, Florida St	utnonzeo by tatutes.		S DOald	or directors. Thereby accept the			
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familiar with	n, and accept the obligations of the control of the	ns of, Section 607.0505, Fightida St	AN I	WIYOU egistered Agent signatur		hen reinstating)	4.1 DAT	7.96	
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• Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OF

ALLAH WILSON, PRES.

4.17.9b

941-566-9413 Daytinie Phone #