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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L91486

(5)

Principal Place of Business Mailing Address 371 DRAKE RD. VENICE FL 34293 US Mailing Address 371 DRAKE RD. VENICE FL 34293 US										
					3	 Date Incorporated or Quali 08/02/1990 		ate of Last F /08/1996	Report	
2. Principal P	Place of Business	2a. Mailing Address			4	FEI Number	<u> </u>		pplied For	
1		26				65-0212088		<u> </u>	ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #. etc.				. Certificate of Status Desire	d 🗆	\$8.75	Additional	
2		27							equired	
City & Stati	lo	City & State			6	 Election Campaign Financi Trust Fund Contribution 	ng 🗆		May Be to Fees	
3] Zip	Country	28 Zip	Cou	ntrv		This corporation has liabilit				
4	25	29	30	•	"	Florida Statutes	Yes	□ No	5. 199.00E,	
<u></u>	9. Name and Address of Curre	nt Registered Agent			10	. Name and Address of Ne	w Registered	Agent		
B00	ONE, STEPHEN K.			B1 Name						
1001	1 AVENIDA DEL CIRCO		ł	82 Street	Address	P.O. Box Number is Not Acc	eptable)			
VEN	IICE FL 34285			83	<u></u>		·			
				53						
				84 City			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the at	ove-name	corporati	on submits this statement for	the purpose	of changing i	ts registered	
office or r	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such change was :	authorized	by the co	poration s	board of directors. I hereby	accept the ap	pointment as	registered	
age ii. i a	and ranning that, and decopt the oblig	10:10:10:01, 00:01:00:00; 1 ·		ITOS						
CICNATURE:			onda olai	utes.						
SIGNATURE	Signature, typed or painted name of registered ag	ent and tide if applicable [NO]		utes. I Agent signatu	e required wh	an reinslating)	DATE			
12. j.	OFFICERS AN	ID DIRECTORS	E-Registered	Agent signatu	e required wh	an reinstating) ADDITIONS/CHANGES TO (
12. j. Title	OFFICERS AN		13.	l Agent signatu LE	e required wh			D DIRECTOR		
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