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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L91830

(4)

DOCUMENT #
1. Corporation Name

DBE OF OHIO, INC.					
Principal Place of	Business	Mailing Address			(), 681, 616,1 6181, 6161, 6161, 6161, 6161, 1061,
99 W. MAIN S		99 W. MAIN STREET	ī		
APOPKA FL 3 US	12703	APOPKA FL 32703 US			
03		00		<ol> <li>Date Incorporated or Qualified 08/03/1990</li> </ol>	3a. Date of Last Report 03/21/1995
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number 59-304 1595	Applied For
1		26		39-304 1393	Not Applicable  \$8.75 Additional
Suite, Apt. #,⊪ ⊒	etc	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation has liability for	
4	25	29	30	Florida Statutes Yes  10. Name and Address of New F	No Registered Agent
	9. Name and Address of Curren	t Hegistered Agent	81 Name	(U. Maine and Address of feet)	iogistorou rigorii
			-		
	ER, LOUIS R. JR.			ress (P.O. Box Number is Not Acceptat	ole)
	ainistreex		99	West Main Street	
XARODKV	X <b>82783</b> X		83		
			84 City		FL 85 Zip Code 32703
			Ap	opka, ration submits this statement for the pur-	
OLON MENIDE	and accept the obligations of Secti	कर्मास्त्रम् कर्षे अस्ति । (14	otts. Bagadasat Agrad sigrafian respon	al wish for adding	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FIGERS AND DIRECTORS IN 12
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roo hereby certify that the information supplied with this timing is voluntarily furnished and does not quality 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 33 if changed, or on an attachment with an address

SIGNATURE:

TOLEN OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)