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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

TAIT # MAACOOA

EQUI	MENT # M162 TY ADJUSTMENT CORP.		(9)							
Principal Place	of Business	Mailing Address				1 180100011 101 11010				
3363 WES	ONUT CREEK PARKWAY T COMMERCIAL BLVD. CREEK FL 33066-1616		e J. Buto Iut Creek Parkwi Reek fl 33066-1610		3. (Date Incorporated or 05/31/1985	Qualified	3a. Date of	Last F	
2. Principal Pla	ace of Business	2a. Mailing Addre	ss		4. 1	FEI Number		1 04		Applied For
Suite, Apt.	#. etc.	26 Suite, Apt. #,	etc.			59-2604682	2			Not Applicable
2	.,, 0.0.	27	eic.		5. (Certificate of Status [Desired		•	5 Additional
City & State		City & State				Election Campaign Fi	inancina			Required
3		28				Frust Fund Contributi	v			May Be
Zip	Country	Zip	Coun	try	8. T	This corporation has	liability for i	ntangible tax ı		
4	25	29	30			Florida Statutes	☐ Yes			100.002,
	9. Name and Address of Curre	ent Registered Agent			10. /	Name and Address	of New R	egistered Ag	ent	
			8	Name						
	LAWRENCE J.		E	Street /	Address (P.O	. Box Number is No	t Acceptabl	n)		
	COCONUT CREEK PARKWAY						· · · · · · · · · · · · · · · · · · ·	٠,		
COCO	NUT CREEK FL 33066		Ε	33						
			8	4 City					85 Zi	p Code
4 5 11										
II. Pursuani i	o the provisions of Sections 607.050	12 and 607.1508, Florida	Statutes, the above	e-named co	propration sub	bmits this statement	for the purp	ose of chang	ing its i	egistered offic
or registere	zo agent, or both, in the State of Flor	rida. Such change was ai	uthorized by the co	rooration's	board of dire	otoro I borobu paga				
or registere familiar with	h, and accept the obligations of, Sec	rida. Such change was a stion 607.0505, Florida S	uthorized by the co tatutes.	rporation's	board of dire	ectors. I hereby accep	pt the appo	inument as reg	y 3 (6) 6 C	agent. Fam
SIGNATURE _	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec						pt the appo	inuneni as reg	9.3.6160	agent. Fam
GIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable	(NOTE: Registered A		required when reins	statergi		DATE		
IGNATURE _	Signature, typicd or printed name of registered agen OFFICERS AN	nt and title if applicable	(NOTE: Registered A;	gent signature re	required when reins			DATE CERS AND DII	RECTO	PRS IN 12
2.	Signature, typicd or printed name of registered agor OFFICERS AN DP	nt and title if applicable	(NOTE: Registered A; 13. E 1.1 TrTL	gent signature re	required when reins	statergi		DATE CERS AND DII		
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AND LAWRING J. Buto 4/1/96 978-9880