## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	ANNUAL REPORT Secretary of State  1997 DIVISION OF CORPORATIONS						Secretary of State						
1. Corporati	JMENT # Ion Name IAGS, INC.	M91885	(7)										
ITING	IAGO, IIIO												
Principal Prace of Business  ** ALAN PIPPENGER  1486 MAX DRIVE  TALLAHASSEE FL 32303		148 253	Mailing Address  1486 MAX DRIVE 2531 W. THARPE ST. TALLAHASSEE FL 32303-3307				) KANDONII KIN IRINI ITANI YANI		<b>1</b> /11) <b>1/1</b> /1 1		l 07011 1101		
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2. Principal 21	Plane of Business	2a. † 26	Aailing Address					El Number <b>59-2913640</b>			AF	pplied For of Applicable	
Suite, Ap	ot ≢, etc. ►	27)	Suite, Apt. #, etc.				<b>5.</b> C	Certificate of Status Desir	red		\$8.75 Fee Re		
City & St.	ate	28	City & State				,	lection Campaign Finan rust Fund Contribution	cing		\$5.00 Added		
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		Address of Current Registe	red Agent	.1001				lame and Address of N					
	IPPENGER, CARO				81	Name							
	531 W. THARPE ! ALLAHASSEE FL				82	Street Add	dress (P.C	), Box Number is Not Ac	ceptable	9)			1
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11. Pursuar office of	it to the provisions or registered agent,	of Sections 607.0502 and 607 or both, in the State of Floridand accept the obligations of,	1508, Florida Statu Such change was	ites, the a	bove d by	e-named con y the corpora	rporation s	submits this statement for ard of directors. I hereby	or the pu	rpose of the appo	changing it cintment as	s registered registered	
Signature													İ
12.	Signature type-flor prin	of FICERS AND DIRECT	···	TE. Flagislere	d Age	ent signature requ		installing) DDITIONS/CHANGES TO	OFFICE	DATE RS AND	DIRECTOR	RS IN 12	10
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 conoration 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

SIGNATURE:

IGNATURE MONTEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-9

**FILED** 

Apr 07 1997 8:00am

aytime Phone #

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