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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # in Name	111902	91	(U)							
TWIN PALMS, INC. Principal Place of Business BSO MAYTOWN RD PO BOX 250 OSTEEN FL 32764				Mailing Address 650 MAYTOWN RD PO BOX 250 OSTEEN FL 32764-0250							
JOIECH IL W	/ // / / / / / / / / / / / / / / / / / 		0316	CENTE DETOPOLSO			3. Date incorporated	or Qualified		te of Last R	eport
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1]	race or pusines	55	26	Mailing Address			59-2913242				plied For t Applicable
Suite, Apt	#, etc.		·	Suite, Apt. #, etc.			5. Certificate of Statu	e Desirod		\$8.75	
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City & Stat ⊒	e		ļ <u>-</u>	City & State			 Election Campaign Trust Fund Contrib 	-		\$5.00 Added I	
3	T	Country	28	Zip	Countr	ry	B. This corporation h	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4]	25	~ŋ [*]	29	•	30	•	Florida Statutes] Yes [100.002,
	9. Name a	nd Address of Cur	rrent Registe	red Agent			10. Name and Addres	s of New Re	gistered /	Agent	
REISINGER, CLARK B.					8.	1 Name					
		ID (DRAWER 100	0)		82	2 Street Add	ress (P.O. Box Number is	Not Acceptat	ole)		
OST	EEN FL 3278	4			83	2					
					0.	'					
					84	1 City			FL	85 Zip (Code
II. Pursuant	to the provision	ns of Sections 607	0502 and 607	7.1508. Florida Stat	utes, the abo	ve-named corr	poration submits this state	rnent for the r		changing it	s reaistered
11. Pursuant office or r	to the prevision	ns of Sections 607.	.0502 and 607 tate of Florida	7.1508, Florida Stat Such change was Section 607.0505	utes, the abore authorized to	ve-named corp by the corpora	poration submits this state ition's board of directors. I	rnent for the p hereby acce		changing it ointment as	s registered registered
	to the provision registered ager im familiar with	ns of Sections 607. nt, or both, in the Si , and accept the ot	.0502 and 607 tate of Florida bligations of, §	7.1508, Florida Stat a. Such change was Section 607.0505, I	utes, the abors authorized to Florida Statute	ve-named corp by the corporal es.	poration submits this state tion's board of directors. I	ment for the phereby acce		changing it ointment as	s registered registered
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SIGNATURE.	Signature, typed or	printed name of registered OFFICERS	d agent and title if a	applicable (NO	OTE: Registered Ap 13. 1.1 TITLE	gent signature regul	ired when reinstating)		Durpose of pt the app		S IN 12
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