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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

•	IMENT # M980 STOM DESIGNS, INC.	685 (4)			H ALBRI AMAL AMAK DIRIK DIRIK DODI) MAN
Principal Plai	ce of Business	Mailing Address			H DIRH DIRH BIDII DIRH BIDIN DIDII 1884
2215 garden street Titusville fl. 32796		2215 Garden Street Titusville FL 32798-254	13		
				3. Date Incorporated or Qualified 09/12/1988	3a. Date of Last Report 03/18/1996
·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	1 # etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	59-2904250	Not Applicable \$8.75 Additional
2	, 4 , 60.	27		5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State	,	8. Election Campaign Financing	\$5.00 May Be
3		28	1 2	Trust Fund Contribution	Added to Fees
Zip 4	Country 25 9. Name and Address of	Zip 29 Current Begintered Agent	Country 30	This corporation has liability for Florida Statutes Name and Address of New Records.	Yes No
MA	LEK, PATRICK R.	Contain Hogistoros Agent	81 Name		
221	15 GARDEN STREET USVILLE FL 32798		82 Street Add 3034	MITCHELL, DONN' dress (P.O. Box Number is Not Accepta SIR HAMILTON CIR	ble)
			84 City	TUSVILLE	FL 85 Zip Code
11. Pursuari office or	it to the provisions of Sections 6 registered agent, or both, in the	107.0502 and 607.1508, Florida State of Florida. Such change was a obligations of Section 607.0505.	utes, the above-named cos authorized by the corpora	propriation submits this statement for the ration's board of directors. I hereby access	purpose of changing its registered opt the appointment as registered
11. Pursuari office or agent I SIGNATURE	Signature, typical or printed name of regis	dered agent and tille if applicable. (NO	utes, the above-named cos authorized by the corpor- Florida Statutes. DIE Registered Agent signature req. 13.	rporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signar Fe-Typest or printed name of regis OFFICE	tered agent and tille if applicable. (NC	DIE Registered Agent eignature req 13. 1.1 TITLE	proration submits this statement for the ation's board of directors. I hereby accelured when reinstating) ADDITIONS/CHANGES TO OFFI	purpose of changing its registered ept the appointment as registered DATE CERS AND DIRECTORS IN 12 MC Change Addition
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SIGNATURE:

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Secretary of State