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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

M99620

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ST	ΔRS	ΔT	12000	. INC.

Mailing Address



	COURT N.E. L 32905	1494 DORAL COU PALM BAY FL 329			3. Date incorporated or Qualified 09/21/1988	3a. Date of Last Re 05/01/19	995
Principal Piace	of Business	2a. Mailing Address			4. FEI Number 59-2919302	i L.	Applied For Not Applicable
Suite, Apt. #, 6		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
Cremer, rapectory		27]			6. Election Campaign Financing	\$5.00	D May Be
City & State		Oity & State			Trust Fund Contribution	Added Added	to Fees
710	Country	Zip	Count	try	8. This corporation has liability for Florida Statutes Yes	intangible tax under s No	199.032,
·	25	29	30		10. Name and Address of New F		
	9. Name and Address of Currer	nt Hegistered Agent		Name			
CIAGO T	THE C		ļ.	B2 Street Addr	ress (P.O. Box Number is Not Acceptat	ble)	
HALL, TI	DRAL CT NE				Substitution 1		
	AY FL 32905			83			- Out
			I	84 City	 -	FI I	p Code
	607.056	2 p. d COV 1508 Florida Sta	tutes the abov	e-named corpo	ration submits this statement for the puriod of directors. I hereby accept the app	rpose of changing its	registered of
	OFFICERS A			11.5		Change	☐ Additio
6 -	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	Change	Additio
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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 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 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 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 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 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 under 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 under certify that the information indicated on this annual report or supplemental annual repor

ING OFFICER OR DIRECTOR