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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

	BLVD	Mailing Address  9300 PARK BLVD SEMINOLE FL 34647			
OEMINGEE 1	2 0007	SEMINOLE PL 34047		3. Date Incorporated or Qualified 11/25/1985	3a. Date of Last Report 04/24/1995
2. Principal Pi	face of Business	2a. Mailing Address	<del></del>	4. FEI Number 59-2772659	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		39 2112039	Not Applicable
2		27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
3	1 0	28	T	Trust Fund Contribution	Added to Fees
Zip ¶	Country 25	Zip 29!	Country 30	This corporation has liability for	
<u> </u>	9. Name and Address of Curi		[30]	Florida Statutes  10. Name and Address of New F	Yes W No Registered Agent
			81 Name		
Judd, Ben F. 2106 Drew St. Suite 103 Clearwater Fl 34625			<b>82</b> Street A	ddress (P.O. Box Number is Not Acceptate	ole)
					85 Zip Code
or register	to the provisions of Sections 617.05 red agent, or both, in the State of Fi ith, and accept the obligations of, Se	iorkia. Such charige was authorize	s, the above-named cond by the corporation's b	poration submits this statement for the pur loard of directors. I hereby accept the app	FL
or register	ith, and accept the obligations of, So Signature, typed or printed name of registered ag	ection 617.0503, Florida Statutes.	s the above named con	oard of directors. I hereby accept the app	rpose of changing its registered officiontment as registered agent. I am
familiar wi	Signature, typed or printed name of registered ac  OFFICERS A	oricia. Such change was aumonze ection 617.0503, Florida Statutes.	s, the above named cord d by the corporation's b	oard of directors. I hereby accept the app	rpose of changing its registered officiontment as registered agent. I am  DATE FICERS AND DIRECTORS IN 12
familiar wi SIGNATURE  112.  ITILE	Signature, typed or printed name of registered at VDAP  JACKSON, WILLIAM	corda. Such change was aumonze ection 617.0503, Florida Statutes.  gent and title if applicable. (NOT AND DIRECTORS	s, the above-named corp d by the corporation's b  E: Registered Agent signature req 13. 1.1 TITLE 12 NAME	werd when reinstating!  ADDITIONS/CHANGES TO OFF	prose of changing its registered officiontment as registered agent. I am  DATE FICERS AND DIRECTORS IN 12
familiar wi  BIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A VOAP  JACKSON, WILLIAM  9390 WESTLINKS TERR	corda. Such change was aumonze ection 617.0503, Florida Statutes.  gent and title if applicable. (NOT AND DIRECTORS	s, the above-named cord by the corporation's b  E: Registered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	Noted of directors. Thereby accept the appropriate of directors. Thereby accept the appropriate of the appro	prose of changing its registered officiontment as registered agent. I am  DATE  ICERS AND DIRECTORS IN 12  Addition
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SIGNATURE: