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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N17813

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Principal Place	of Business	Mailing Address		r sabisibs son night sabb) (000) 2130	OD 1911 DIBIR DIBIR DIBIR GLOS GLOS BLODE BEDIT IBDI
PO BOX 184 ALTHA FL 32 US		PO BOX 184 Altha Fl 32421 US			
				3. Date Incorporated or Qualified 11/17/1986	3a. Date of Last Report 03/15/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-6205643	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	
	9. Name and Address o	of Current Registered Agent	1	10. Name and Address of New F	
			B1 Name		
MARKS,	BOB		82 Street Add	ress (P.O. Box Number is Not Acceptab	1-1
MAIN ST			62 Street Add	ress (#:O: box number is not acceptab	Me)
	FL 32421		83		
			84 City		FL 85 Zip Code
11, Pursuant t	to the provisions of Sections 6	617,0502 and 617,1508. Florida Statul	tes, the above-named cornor	ration submits this statement for the pur	roops of changing its registered office
or register	ed agent, or both, in the Stati	e of Florida. Such change was authorized for Section 617.0503, Florida Statutes	zed by the corporation's boa	ard of directors. Thereby accept the appli	ointment as registered agent. I am
	in, and accept the obligations	TO, Section 617.0505, Florida Statutes			
SIGNATURE				When reinstation	DATE
SIGNATURE _	Signature, typed or printed name of regi		OTE: Registered Agent signature require	·	DATE ICERS AND DIRECTORS IN 12
SIGNATURE _	Signature, typed or printed name of regi	stered agent and title if applicable (No	OTE: Registered Agent signature require	od when reinstating) ADDITIONS'CHANGES TO OFF	
SIGNATURE _	Signature, typed or printed name of region OFFIC	stered agent and little if applicable (NO	OTE: Registered Agent signature require	·	ICERS AND DIRECTORS IN 12
SIGNATURE _ ITLE IAME	Signature, typed or printed name of region	stered agent and little if applicable (NO	DIE Registered Agent signature require 13. 1.1 TITLE	·	ICERS AND DIRECTORS IN 12
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