	ONPROFIT RPORATION UAL REPORT <b>1996</b>	Secretar DIVISION OF C	RTMENT OF S 3. Mortham ry of State	-			
1. Corporation	MENT # N2316 AWARENESS COUNSELING	- (-)					
Principal Plac % CARMEN 2901 KINYOF TAMPA FL 3 US	N AVE	Mai'ing Address % CARMEN L. LEON 2901 KINYON AVE TAMPA FL 33602 US					
	New AD Interna	····			3. Date Incorporated or Qualified 11/01/1987	3a. Date c	of Last Report 05/1995
21	Place of Business	2a. Mailing Address 26	. <u></u>		4. FEI Number 59-2902813		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Zip	Country 30		8. This corporation has liability for i	ntangible tax ur Yes 🔽 No	nder s. 199.032,
	9. Name and Address of Curre		81	Name	10. Name and Address of New R		
	CARMEN L		82		ress (P.O. Box Number is Not Acceptab	e)	
	NYON AVE FL 33602		83				
				City			T Zie Cada
11 Durquent			04	Ony			5 Zip Code
	to the provisions of Sections 617,050	2 and 617 1508 Elorida Statutos	the above ne	mod oprogr	orling or havits this statement ( , the	<u>  1-1</u>	
	to the provisions of Sections 617.0500 red agent, or both, in the State of Flori ith, and accept the obligations of, Sec		the above na by the corpor	med corpor ation's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	<u>  1-1</u>	ng its registered office stered agent. I am
		tion 617.0503, Florida Statutes.	by the corpor	ation's boar	rd of directors. I hereby accept the appo	Dose of changir pose of changir intment as regi	ng its registered office stered agent. I am
SIGNATURE	Signature, typed or printed name of registrood apart OFFICERS AN	tion 517.0503, Florida Statutes tend trie If applicable (NOTE)	Poystered Agent s	ation's boar	rd of directors. I hereby accept the appo	DATE CEFRS AND DIF	istered agent. I am
familiar w	signature, typed or printed name of registered ages	tion 617.0503, Florida Statutes.	Boyistered Agent s	ation's boar	rd of directors. I hereby accept the appoint	DATE CEFRS AND DIF	Stered agent. I am RECTORS IN 12 hange <b>()</b> Addition
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