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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48241

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SECRETARY OF STATE TALLAHASSES, FLORIDA

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ANIE	MONELEATHORS FORD, IN) (NEXXII) EN BIRBI FOND HERK BIRBI FREN BIRBI BIRBI BIRBI BIRBI BIRBI BIRBI BIRBI BIRBI
Principal Plac	ce of Business	Mailing Address	4		t samtiner mes minner tieten vrætt minner til et mans til et minners minnt menst denit mints som i
927 SEMINARY	STREET	927 SEMINARY STREET	بالأنب		3. Date Incorporated or Qualified
KEY WEST FL	33040	KEY WEST FL 33040			04/07/1992
US		U\$			4. FEI Number Applied For
					65-0385389 Not Applicable
2. Principal P	Place of Business	2a. Mailing Address		•	5. Certificate of Status Desired S8.75 Additional
21		26			Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution
City & Stat		Cîty & State	-		7. Is this nonprofit corporation a norneowners association?
Zip	Country	Zip	Coun	tn/	
24	25	29	30	цу	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
[24]	9. Name and Address of Currer		1901		10. Name and Address of New Registered Agent
	·	<u> </u>	8	11 Name	, ,
FRANKE	LOUI		-	10 Ct 1 A	(0.0.0
927 SEM	INARY STREET		,	Street A	Address (P.O. Box Number is Not Acceptable)
KEY WE	ST FL 33040 4000026748 -10/28/38-0		∵ ∮ <u>ē</u>	13	
	400002574	100c-001		15 00	T. C. ()
	-10/28/380.		- E	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,050	02 and 617.1508, Florida Statu	ites, the abo	ve-патеd c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
omce or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 617.0503, F	autnorized Iorida Statul	by the corpo	oration's board of directors. I hereby accept the appointment as registered
	Loui Frank	- ki	_		
I SIGNATURE		e trryden	-		1
	Signature, typed or printed name of registered age	ent and title it applicable. (NO	TE: Registered A	gent signature r	required when reinstating) DATE
12.	Signature, typed or printed name of registered age OFFICERS AN	ent and title i/applicable. (NO D DIRECTORS	TE: Registered A		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	Stgnature, typed or printed name of registered age OFFICERS AN	ent and title it applicable. (NO	TE: Registered A 13. 1.1 TITLE	.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
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Indicated on this annual report or supplemental annual report is trike and accurate and thermy signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver or trustes employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GRATULE HEGILD Luner

98 745-1092

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