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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # 1. Corporation Name

N93000002273 (1)

Principal Pla	ce of Business	Mailing Address			(18814191 819 1819	MEIR BBIST MENT BI	0 11 0 (6 0 60 (1011 (1	
5531 9 STREE ST. PETERSBU	t north Jrg Fl 33703	5531 9 STREET NORTH ST. PETERSBURG FL 337	703-1203					
					3. Date incorporated or Quali 05/17/1993		ate of Last Re 02/09/19	
2. Principal I	Place of Business	2a, Mailing Address 26			4. FEI Number 59-3275858			plied For t Applicable
Suite, Apt	. #, etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desire	d \square	\$8.75 / Fee Re	Additional
City & Sta	ate	City & State			6. Election Campaign Financi		\$5.00	May Be
Zip	Country	Z ip	Country		Trust Fund Contribution 8. This corporation has liability	v for intangible	Added t	
4]	25	29	30		Florida Statutes	Yes [No	
	9. Name and Address of Currer	nt Registered Agent	B1 N		10. Name and Address of Ne	w Registered	Agent	
	T DODENT I			lame	•			
HOGUE, ROBERT L 5531 9 STREET NORTH			82 S	treet Addres	eet Address (P.O. Box Number is Not Acceptable)			
	TERSBURG FL 33703		83					
			84 C	Pity		FL	85 Zip (Code
11. Pursuan	to the provisions of Sections 617.050	02 and 617.1508, Florida Statu	utes, the above-na	amed corpor	ation submits this statement for		f changing it	s registered
office or agent. I	t to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statutes.	e corporation	is board of directors. Enereby	accept the app	ontment as	registered
SOME								
SIGNATURE	Signature, typod or printed name of registered age	ent and little if applicable (NC	TE: Registered Agent a	gnature required	when reinetating)	DATE		
12,	Signature, typed or printed name of registered ag-	ent and title if applicable. (NO ID DIRECTORS	OTE: Registered Agent at	gnature required	when reinetating) ADDITIONS/CHANGES TO	DATE OFFICERS AND	DIRECTOR	IS IN 12
12.	Signature, typed or printed name of registered ag-			gnature required			DIRECTOR Change	
IZ.	Signature, typed or printed name of registered ag-	D DIRECTORS	13.	ignature required to				
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May 07 1997 8:00am

Secretary of State