NONPROFIT		FLORIDA DEPAR	IMENT OF STATE	M		LED 997 8:	Mar
CORPORATION ANNUAL REPORT		Sandra B.			—		
1997		Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
OCUMENT #	N9600000	4795 (8)				_	
Corporation Name		• •					
incipal Place of Business		ing Address			IN TREIN MEDER MATER ANTER A	Maha Abaya Maka Mana Lanar	N ANA MI MI I ANNI
D RIDGE ROAD) BOX 495 :ONA FL 34660	PO I	RIDGE ROAD BOX 495 NA FL 34680-0495		3. Date incorpo 09/16/	rated or Qualified	3a. Date of Last F	Report
Principal Place of Business	20. N	Mailing Address		4. FEI Number	·····		pplied For
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			340217	60.75	ot Applicable Additional
	27	. , .		5. Certificate of		Fee R	lequired
City & State	28	Dity & State		 Election Cam Trust Fund Co 			May Be to Fees
Zip Cour 25	ntry 2 29	Zip	Country 30	 This corporat Florida Statut 	· · · ·	ntangible tax under a	s. 199.032,
	dress of Current Registe		61 Name		ddress of New Reg		
PO BOX 495 OZONA FL 34860			84 City		·····	65 Zip	Code
	ections 617.0502 and 617 oth, in the State of Florida accept the obligations of, t	7.1508, Florida Statute a. Such change was a Section 617.0503, Flo	s, the above-named uthorized by the corp	corporation submits this oration's board of direct	statement for the po ors. I hereby accep		
OZONA FL 34660 Pursuant to the provisions of St office or registered agent, or bi agent. I am familiar with, and a SNATURE Stignature, typed or profiled in	ame of registered agent and title if	applicable. (NOTE	is, the above-named uthorized by the corp rida Statutes. Registered Agent signature	required when reinstating)	······································	The appointment as	its registered s registered
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