	PROFIT PORATION		FLORIDA DEPART Katherine	MENT OF STATE	:
ANNU	JAL REPORT 🥀		Secretary	of State	. FILED
	1999	1000004101	DIVISION OF CO		99 NOV -3 PM 12: 29
1. Corporation	MENT # N 96 (10000518C) – . »		SECRETARY OF STATE TALLAHASSEE. FLORIDA
NA A	NAME CROSS WISTRIE	EVANG	ELIZZA	r(C	INCLIAMASSEE, FLORIDA
10, 7	MISTER	>			
Etrino ipol Plani	of Business	Mailing A	22045	•	
	•			fic minis	DO NOT WRITE IN THIS SPACE
•			ox 307	1.1	3. Date Incorporated or Qualifed
2. Principal P	face of Business	2a. Mailir	ng Address		4. FEI Number 59-34-02-303 Applied For
Suite, Apt	# etc		O, Bo , Apt. #, etc.	X 70711	\$8.75 Additional
! 2]		27 3	タケスミ	<u> </u>	5. Certifcate of Status Desired Fee Required
City & State	6.	L	s State ACKSor	JYILLE	6. Election Cempaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
=	Country 25	Zip 29		Country O	8. This corporation owes the current year intengible Personal Property Tax. Yes You
4 [9. Name and Address of		*		10. Name and Address of New Registered Agent
,	Hilton ,	Re vorg	rse ad	81 Name	Allon BERNARD
	2200 M1			72	odress (P.O. Box Number is Not Acceptable)
	IAV, 41	こるダナイ	ע)		AX.
				84 City	85 _Zip Code, ,
					FF 339-AP
11. Pursuant office or re	to the provisions of Sections egistered agent, or both, in the	607.0502 and 607.150 he State of Ftorida. Suc	8, Florida Statutes	, the above-named conformation by the corpor	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	Hilton	soved	/d		orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE.	Signature, typed or printed name of reg	soved	ole (NOTE: R	, the above-named of horized by the corpor la Statutes.	5/1/99
SIGNATURE.	Signature, typed or printed name of reg	pstered agent and title if applications and DIRECTOR	ole (NOTE: R	egistered Agent signature req 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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