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Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DIVISI

DOCUMENT # N9800006136

1. Corporation Name

TOGETHER, INC.

Principal Place of Busines	s
7927 LASALLE BLVD.	-
111DA44AD EL 00000 -	

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2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

7927 LASALLE BLVD. MIRAMAR FL 33023

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90005 029 ****61.25



3. Date Incorporated or Qualifed 10/27/1998

4. FEI Number

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Signature Sign	dditional
25 29 30 Trust Fund Contribution Added to	·
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JOLLY, WILFRED M SR. 7927 LASALLE BLVD. MIRAMAR FL 33023 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its roffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its roffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reg agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. I have a complete the provisions of Sections of Provide Agent signature required when reinelating. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR I STREET ADDRESS CITY. ST. ZP MIRAMAR FL 33023 14. CITY. ST. ZP MIRAMAR FL 33023 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR I STREET ADDRESS TITLE DY JOLLY, VIRGINIA 22. WAME 3. STREET ADDRESS CITY. ST. ZP MIRAMAR FL 33023 14. CITY. ST. ZP MIRAMAR FL 33023 24. CITY. ST. ZP MIRAMAR FL 33023 24. CITY. ST. ZP MIRAMAR FL 33023 34. CITY. ST. ZP MIRAMAR FL 33023 35. CITY. ST. ZP MIRAMAR FL 33023 35. CITY. ST. ZP MIRAMAR FL 33023 36. CITY. ST.	•
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• Thereby certify that the information supplied with this filling does not quality for the exemptors stated in Section 119.07 (A)r. Florida Statutes, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

CR2E037 (11/98)