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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996	
DOCUMENT #	P

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Dai Moommoe	AGENCY, INC.						
rincipal Place of Business		Mailing Address				F1011 0106 01011 01011 01051	
		2665 S. BAYSHORE D	DIVE				
2665 S. BAYSHORE DRIVE SUITE 800		SUITE 800	THE				
MIAMI FL 33133 MIAMI FL 33133			3. Date Incorporated or Qualifie	d 3a. Date of Las	st Report		
					05/13/1987	03/31/	1995
Principal Place of Business		a. Mailing Address			4. FEI Number		Applied For
	2	6			59-2775503		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required
	2				Election Campaign Financing	 	5.00 May Be
City & State	2	City & State			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability to	for intangible tax unde	ers 199.032,
25] 2	9	30		Florida Statutes XX	Yes □No	
9. Name ar	d Address of Current Re	gistered Agent			10. Name and Address of Nev	w Registered Agent	
			81	Name			
KLEIN, PETER W.			82	Street Ac	ddress (P.O. Box Number is Not Accep	otable)	
2665 S. BAYSHORE	DRIVE		100	ļ			
SUITE 800			83	'			
MIAMI FL 33133			84	City		FL 85	Zip Code
					poration submits this statement for the loard of directors. I hereby accept the a	purpose of changing	its registered offic
	the obligations of Section 6	07 0505 Honda Statute:	S.				
IGNATURE	orinted name of registered agent and ti	lle if applicable (N	01£: Registered Age		uireo when remstaling)	DATE	CTORS IN 12
IGNATURE Signature, typed or p		le it applicable (N RECTORS	O1E: Registered Age	ent signature rec		DATE OFFICERS AND DIRE	
Signature, typed or p 2. ITLE DCEO	printed name of registered agent and ti OFFICERS AND DII	lle if applicable (N	O1E: Registered Age 13.	ent signature rec	uireo when remstaling)	DATE	
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SIGNATURE:

Peter W. Klein, Secretary //8/ GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/858-2200