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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P33144 1. Corporation Name

FASSECK VENTURE CORPORATION

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Principal Plac	e of Business	Mailing Address					MANUA MANU MANU	8)8() 8(8)(8(8)(Billi Albii (401
3400 PEACHTR	REE RD NE	34000 PEACHTREE RD NI	E						•
SUITE 635	·	SUITE 635				DO NOT W	DITE IN TUK	COACE	
ATLANTA GA 30326 ATLANTA GA 30320 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						03/11/1991	- u		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	•	A	pplied For
21		26				58-1763990		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	ID.		Additional
22		27				G. Cormonic of States Bosses		Fee R	Required
		City & State	ate		6. Election Campaign Financin	g 🖂		May Be	
23		28				Trust Fund Contribution	-		to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the co	urrent year In		<u></u>
24	25	29	30			Personal Property Tax.		☐ Yes	ØÑo
	9. Name and Address of Curren			81 Na		10. Name and Address of Nev	v Registered	Agent	
CT (CORPORATION SYSTEM		Ì	און ויס	me				
1200 S. PINE ISLAND ROAD			ŀ	82 St	reet Addre	ss (P.O. Box Number is Not Acce			Whates Brass, sand
PI,AI	NTATION FL 33324		•	83			100 mm		100
			ľ	84 Ci	ty	रिक्रिकेट रिक्रिकेट के स्वर्थ	FL	85 Zip	Code
144 Discusses	to the provinces of Sections 607.050	2 and 607 1509. Florido Statu	too the ob	01/0 00	mad sama	ration aubmits this statement for th		shanaina its	e registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was	authorized	by the	corporation	n's board of directors. I hereby acc	cept the appo	intment as re	egistered
∍iit⊘agent. I a	im familiar with, and accept the obligat	tions of Section 607.0505, Fi	orida Statu	tes.					
10 -									
SIGNATURE		*	F. D				DATE		
	Signature, typed or printed name of registered agen			Agent signi	beriuper erute	when reinstating): /; ADDITIONS/CHANGES TO C	DATE DEFICERS AF	ND DIRECTO	ORS IN 12
12.		at and title if applicable. (NOT D DIRECTORS	E: Registered /		beriuper enut	ADDITIONS/CHANGES TO C		ND DIRECTO	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

City-ST-ZIP

FILED

Feb 06, 1999 8:00am

Secretary of State

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