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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90154 045 ***300.00

. Corporation	MENT # P37352 ASSOCIATION INTERNATION		, INC.							
Principal Place	e of Business	M	ailing Address				f (Billistic inn 1911) innåt itibi om	18 1181 B1811 B	ISOT BIRIT OTDIT O	
407 BRIARWOOD DRIVE. SUITE 201 407 BRIARWOOD DRIVE. SUITE 201						1				
JACKSON MS 39206 JACKSON MS 39206						ľ	DO NOT MOI	FF 131 TILLO	CDACE	
						ļ.,	DO NOT WRIT	E IN THIS	SPACE	
						['	3. Date Incorporated or Qualifed			
·			· · · · · · · · · · · · · · · · · · ·				01/30/1992 4. FEI Number			plied For
2. Principal Pl	lace of Business	——————————————————————————————————————	Mailing Address] '			 	t Applicable
21	#	26	Suita Ant # oto				64-0804993		\$8.75 A	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			{	5. Certifcate of Status Desired		Fee Re	
City & State		27	City & State			- 	S Election Compaign Financing		\$5.00	
	u		Oily & Olate			'	Election Campaign Financing Trust Fund Contribution		Added t	
Zip	Country	28	Zip	Cou	intry	———— <u> </u>	8. This corporation owes the curre	ent vear Int		
	25	29	•	30		1.	Personal Property Tax.	ont your mi	☐ Yes	□No
24	9. Name and Address of Curren			130		1	0. Name and Address of New R	tegistered	Agent	
	- Idamo dila Maria				81 Name					
	CORPORATION SYSTEM				82 Street A	Address	(P.O. Box Number is Not Accepta	ible)		
1200	SOUTH PINE ISLAND ROAD				0.000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,			
PLAN	NTATION FL 33324				83					
i					84 City				85 Zip (Code
					' '			F <u>L</u>	-]
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statut	es, the a	bove-named o	corporati	ion submits this statement for the	purpose or	changing its	registered
agent. I a	egistered agent, or both, in the state m familiar with, and accept the obliga	of Flore tions of	ta. Such chande was a	uthonze	d by the corpo	oration's	board of directors. I hereby accep	it the appoi	Intment as re	gistered
agent, I a	m familiar with, and accept the obligation of segments again to the segment of the segment of segments again to the segment of segments again the segme	tions of	da. Such change was a , Section 607.0505, Flo	uthorize rida Stat	of by the corpo utes. I Agent signature re	oration's	poard of directors. I nereby accep	DATE	munent as re	yistered
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8.4 CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 on an attachment with an address, with all other like empowered.

SIGNATURE: