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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200007353 (5)

490 CORP.

Principal Place of Business	Mailing Address
MACA MATU AVE CE	2062 20TH AVE S.E.

FILED Apr 17 1997 8:00am Secretary of State



	ice of Business	Mailing Address				i tabitadi di teria nisti dalih sahin sahin	*****		
2062 20TH AVE. SE LARGO FL 34641-3846		2062 20TH AVE. S.E. LARGO FL 33771-3846	2062 20TH AVE. S.E.						
						3. Date Incorporated or Qualified 11/24/1992		te of Last F 2/1996	Report
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number			oplied For
1		26				59-3152115	.,		ot Applicab
Suite, Ap	it #, etc	Suite, Apt. #, etc				5. Certificate of Status Desired		T	Additional equired
City & St	ate	City & State	···· , ··· ···			Election Campaign Financing			May Be
3		28				Trust Fund Contribution			to Fees
- Ζ ιρ "1	Country	Zip	}	untry		This corporation has liability for in Florida Statutes	ntangible] Yes []		. 199.032,
1	25 9. Name and Address of Curre	29 ent Registered Agent	[30]	т		10. Name and Address of New Re			
ΕΛ	LEY, MICHAEL T	microgrammore Agent		81	Name	10. 110//0 4/14 // 4/10 // 1/0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.90/11	
	B4 KINGS POINTE DRIVE								
	RGO FL 34844			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
DV	100 FL 34044			B3					
				84	City			85 Zip	Code
				لملإ		poration submits this statement for the p	FL	<u> </u>	
office o agent. I SIGNATURE		te of Florida. Such change wa gations of, Section 607.0505,	is authorize Florida Sta	ed by stutes	the corpora i.	tion's board of directors. I hereby accep	it the appo	ointment as	registered
·	Signature, typed or printed name of registered a				nt signature requi	red when reinstating)	DATE		
2.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND		
ITLE	PD LISTON IOCEDIAL	DELETE	4	TITLE				L Change	Additio
14Mé	HEIDENREICH, JOSEPH I			NAME					
TREET ADDRESS) -		1	STREET	ADDRESS				
01Y - \$1 - 7tP	LARGO FL 34641								
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	, ·-	DELETE	2.1 1	TITLE	I-ZIP			Change	Additi
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14. If do 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 on an attachment with an address.

SIGNATURE: