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PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 10 1997 8:00am Secretary of State

| Principal Place of Business P O BOX 7145 SARASOTA FL 34278 P9200007688 (4) Mailing Address P O BOX 7145 SARASOTA FL 34278 | | | | | | | | | | | | |
|--|--|--------------------------|---|---|---|---|---|-----------------|------------------|----------------------|--------------------------|---|
| | | | | | | | 3. Date Incorporate 11/23/1992 | d or Qualified | 3a. Da | te of La 7/199 | | ort |
| 2. Principal | Place of Business | 28. M | ailing Address | | | | 4. FEI Number | | 1 47, | | _ | ed For |
| 21 | | 26 | | | | | 65-0330099 | - <u></u> | | | - | pplicable |
| Suite, Ap | n #, eig. | 27 | uite, Apt. #, etc. | | | | 5. Certificate of Stat | us Desired | | | 75 Add e Requi | |
| 22 City & St | ale | | ity & State | | | | 6. Election Campaig | n Eineneine | ···· | | 00 ма | |
| 23 | | 28 | • | | | | Trust Fund Contri | - | | | ded to F | |
| Zip | Country | Zi | p | Cou | intry | | 8. This corporation | | intangible | | | |
| 24 | 25 | 29 | | 30 | ,, | | Florida Statutes | | Yes [| No | | |
| | 9, Name and Address of Cu | urrent Register | ed Agent | | 81 Nam | | 10. Name and Addre | ss of New Re | gistered / | gent | | |
| WEAVER, WALTER W JR 2450 HUNTINGTON AVE SARASOTA FL 34278 | | | 82 83 | | 63 | t Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | 1 | 84 City | | | | FL | 85 | Zip Coc | te |
| office o | r registered agent, or born in the t | State of Florida. | Such change was | authorize | oove-name d by the co | d corpo: rporatio | ration submits this stat m's board of directors. | ement for the p | of the appo | ointmen | it as rec | istered |
| SIGNATURE | Signatore: type for ported name of register | ed agent and lifte if ap | oplicable (NC | TE Registers | | | ration submits this staten's board of directors. | | DATE | | | |
| SIGNATURE | Signatore: type for ported name of register | | oplicable (NC | DIE Registere | d Agent signat. | re required | | | DATE CERS AND | DIREC | TORS II | V 12 |
| SIGNATURE | Superinte Ayur for printed name of register OFFICERS | ed agent and lifte if ap | oplicable (NC | TE Registers | d Agent signat. [LE | re required | 1 when reinstating) | GES TO OFFIC | DATE CERS AND | | TORS II | |
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