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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

P92000010463 (7)

	MENT # P920 OSE IT INC.		()) [[]]		
Principal Place	of Business	Mailing Address		I NADILIDAL IIO NAMA KONI ed il	HODIN ON DESIGNATION		
1000 S DIXIE HWY POMPANO BCH FL 33080 US		1431 NW 70TH AVE SUITE 1219 PLANTATION FL 33313 US		3. Date Incorporated or Qualif	fied 3a. Da	ite of Last F	Report
				12/09/1992		04/28/19	•
2. Principal Pla	ce of Business	2a. Mailing Address	8	4. FEI Number			Applied For
Suite, Apt. #	l etc	26 Suite, Apt. #, etc		65-0374142		60.7	Not Applicable
22	, 610.	27		5. Certificate of Status Desired	q 🗀		5 Additional Required
City & State		City & State		6. Election Campaign Financin	ng		00 May Be
:3		28		Trust Fund Contribution	<u> </u>	•	ed to Fees
_ Z⊮p	Country	Zip	Country	8. This corporation has liability	~	tax under s	199.032,
4	25 9. Name and Address of Cur	29	30		Yes No		
	9, Name and Address of Cur	reiit negistered Agent	81 Name	10. Name and Address of No	ew Hegistere	Agent	
FAGAN	JOAN V			(D.O. D.)			
EAGAN, JOAN V 1431 NW 70 AVENUE			82 Street	Address (P.O. Box Number is Not Acce	eptable)		
	TION FL 33313		83				
			84 City			85 Z	rip Code
or registere	ed agent, or both, in the State of Fi	lorida. Such change was auti	Statutes, the above-named co	orporation submits this statement for the board of directors. I hereby accept the	e purpose of c appointment a	hanging its as registered	registered office d agent. I am
or registere familiar with SIGNATURE	ad agent, or both, in the State of Fin, and accept the obligations of, Signature, Milyd or profiled name of registered a	forida. Such change was auticection 607.0505, Florida Sta	Statutes, the above-named or thorized by the corporation's studes. (NOTE: Registered Agent signature)	board of directors. I hereby accept the	e purpose of c appointment a 4/24 DATE	196	d agent. I am
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