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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P92000013059 (0) LAW OFFICES OF MARSHA B. ELSER, P.A.

FILED Mar 28 1997 8:00am Secretary of State



	lace of Business	Mailing Address		······································		38
44 W. FLAG MIAMI FL 3	SLER ST.	44 W. FLAGLER ST. MIAMI FL 33130-1808				
					3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last Report 03/25/1996
2. Principa	n' Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0377468	Not Applicat
Suile, A	spt #, etc	Suite, Apt. #, etc.			5, Certificate of Status Desired	S8.75 Additional Fee Required
City & S 23	State	City & State 28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<u>,</u> Zip	Country	Zιρ	Count	ry	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of C	urrent Registered Agent		1 Namo	10. Name and Address of New Rec	gistered Agent
	LSER, MARSHA B		(*	1 Namo		
44 W. FLAGLER ST. MIAMI FL			6	2 Street Add	ress (P.O. Box Number is Not Acceptabl	le)
			8	3		
			8	4 City	***************************************	85 Zip Code
office agent SIGNATUR	If Signature, types for printed name of register	rud agent and tirk it applicable	(NOTE: Registered A		ation's board of directors. I hereby acception acception of the second sec	DATE
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D THE PARTY IN	,DELETE		\		Change Addit
NAME	ELSER, MARSHA B 44 W. Flagler St.		1.2 NAM	E		
STREET ADDRE	. AA W PIRIUPH SI					
			1.3 STRE	E! ADDRESS	•	
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(i) The increby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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 proposition 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 phanged, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

re Daytime Phone #