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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS OCHMENT #

Principal Place	NTER, P.A.	Mailing Addrass								
375 N.E. 10	•	Mailing Address 375 N.E. 10TH AVE. CRYSTAL RIVER FL 3 US	12629					10111 00101		(10) IBIB: 19:1 189;
5: :- i n					:	 Date Incorporated or Q 02/12/1993 	ualified	3a. Date 05	of Last 5/01/19	
2. Principal Pl	lace of Business	2a. Mailing Address			4	4. FEI Number				Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				59-3163417				Not Applicable
22		27			•	5. Certificate of Status Des	sired			5 Additional
City & State	0	City & State				6. Election Campaign Fina	· · · · · · · · · · · · · · · · · · ·			Required
23		28		_] -	Trust Fund Contribution				00 May Be ed to Fees
Zip	Country	Zip	Country		1 8	8. This corporation has liab		tangible tax		
24	25 9. Name and Address of Cui	rrent Begistered Apont	30]			Florida Statutes	Yes Yes	□No		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9, Maille Gille Addices of Co.	rrent Hegisterea Agent	81	A Lampa		Name and Address of	New Reg	gistered A	gent	
COOPE	ER, STANTON T			Name						
375 N.E	E. 10TH ST.		82	Street	Address (P.O. Box Number is Not A	cceptable))		
	AL RIVER FL 32629		83							
-				l						
			84	City				FL		ip Code
11. Pursuant t	to the provisions of Sections 607.0 red agent, or both, in the State of F	502 and 607.1508, Florida Statute	es, the above-n	arned co	orporation	submits this statement for	the purpo		naina its	rogistered offic
V 109	en adeur or north riting orace or a	fonda. Such enanga was aumorra	A 41		o.p.o.a.o.,			JUN 6	enisterer	d agent. Lam
familiar 📆	th, and accept the obligations of, S	Forida. Such change was authorize Section 607.0505, Florida Statutes.	ed by the corpu	oration's	board of	submits this statement for directors. I hereby accept t	the appoin	ntment as n	ogistorst	
SIGNATURE _		Section 607.0505, Florida Statutes.	ea by the corp. :	oration's	board of	directors. I hereby accept i	the appoin	ntment as n	ogistorei	- agamingin
SIGNATURE _	Signature, typed or printed name of registered a	Section 607.0505, Florida Statutes agent and the Lappicable (NO	TE: Registered Agent		, , , , , , , , , , , , , , , , , , , ,	reinstating)	e appoin	DATE		·
SIGNATURE _	Signature, typed or printed name of registered a OFFICERS	Section 607.0505, Florida Statutes gent and the Legal cable ING AND DIRECTORS	i. PLE: Registered Agent 13.		, , , , , , , , , , , , , , , , , , , ,	directors, Thereby accept t	e appoin	DATE ERS AND D	DIRECTO	·
SIGNATURE _	Signature, typed or printed name of registered a OFFICERS PSTD	Section 607.0505, Florida Statutes agent and the Lappicable (NO	TE: Registered Agent 13. 1. 1 TITLE		required when	renetating ADDITIONS/CHANGES 1	e appoin	DATE ERS AND D		·
SIGNATURE _ 12. TITLE	Signature, typed or printed name of registered a OFFICERS	Section 607.0505, Florida Statutes gent and the Legal cable ING AND DIRECTORS	11E: Registered Agent 13. 1.1 TITLE 1.2 NAME	t signature n	required when	renetating ADDITIONS/CHANGES 1	e appoin	DATE ERS AND D	DIRECTO	DRS IN 12
SIGNATURE _ 12. TITLE NAME	Synature, typed or printed name of registered a OFFICERS PSTD COOPER, STANTON T	Section 607.0505, Florida Statutes gent another Legelcable INO AND DIRECTORS	116: Hegistured Agent 13. 1.1 11ILE 1.2 NAME 1.3 STREET /	t signature n	required when	renetating ADDITIONS/CHANGES 1	e appoin	DATE ERS AND D	DIRECTO	DRS IN 12
SIGNATURE _ 12. TITLE NAME STREET ADDRESS	Synature, typed or printed name of registered a OFFICERS PSTD COOPER, STANTON T 4917 S.R. 54	Section 607.0505, Florida Statutes gent another Legelcable INO AND DIRECTORS	1711: Hegistured Agent 13. 1. 1 111LF 1.2 NAME 1.3 STREET / 1.4 City-ST	t signature n	required when	reinstating ADDITIONS/CHANGES T	e appoin	DATE ERS AND E	DIRECTO Change	DRS IN 12
SIGNATURE	Synature, speed or printed name of registered a OFFICERS PSTD COOPER, STANTON T 4917 S.R. 54 NEW PORT RICHEY FL 34 VD BENNETT, MICHAEL	Section 607.0505, Florida Statutes Block and the Lapplicable (NO AND DIRECTORS FILETE 4652	13. 1.1 TILE 1.2 NAME 1.3 STREET / 1.4 DTY-ST 2.1 TILE	t signature n	required when	reinstating ADDITIONS/CHANGES T	e appoin	DATE ERS AND E	DIRECTO	DRS IN 12
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SIGNATURE:

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-96 (352)563-8471

CR2E034 (12/95)