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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P93000019705 (1)
1. Corporation Name

Principal Place of Business Mailing Address  1122 SW 5TH STREET 1122 SW 5TH STREET WINTER HAVEN FL 33880 WINTER HAVEN FL 33880					Date Incorporated or Qualified		
2. Principal 8	Place of Business	2a. Mailing Address			03/12/1993	04/26/19	
21	Table of Eddings	[26]			4. FEI Number 59-3171583	<u> </u>	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·	5. Certificate of Status Desired	\$8.7	5 Additional
City & Stat		27					Required
23		City & State			Election Campaign Financing     Trust Fund Contribution		00 Мау Ве
Ζφ	Country	Zip	Coun	lry	8. This corporation has liability for in	Adde	d to Fees
24	25	29	30		Florida Statutes		155.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	egistered Agent	
DEADO	- 1104		E	Name			
PEARCI 214 N.I	e, liga .ake hatridge dr		8	Street Add	ress (P.O. Box Number is Not Acceptable	9,	
	PANE DATRIDGE DR R HAVEN FL 33881		-				
WHITE	LIMACIA LE 22001		6	13			ı
			8	4 City		<b>85</b> Zi	p Code
or registe familiar w	to the provisions of Sections 607,050; red agent, or both, in the State of Flori ith, and accept the obligations of, Section Synatics, speed or protections, of regulated agent	sovi sovio, i londa Gillio	tutes, the above prized by the cortes.  INOTE: Registered A.		ration submits this statement for the pury rd of directors. Thereby accept the appo		egistered office Lagent, Lam
12.		ID D'RECTORS	13.		ADDITIONS/CHANGES TO OFFIC	DA1E DERS AND DIBECTO	)BS IN 12
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NAME	PEARCE, LISA		1.2 NAM	ŧ			
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	WINTER HAVEN FL 33881		1.3 STRE 1.4 C <sup>2</sup> TY				
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 Byck 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:\_\_

Daylara: Physic 8