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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

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PAIN & INK, INC.			İ	
PAIN & INA, ING.				
rinoipal Place of Business	Maling Address			III br ief boedd filio diffel dilee digii oddi i
1750 SHOREVIEW DRIVE INDIALANTIC FL 32903	1750 SHOREVIEW DRI INDIALANTIC FL 32903			
INDIALANTIC PL 32300	Magnifillo 12 02000	•	3. Date Incorporated or Qualified	3a. Date of Last Report
			05/19/1993	03/10/1995
Principal Place of Business	2a. Mailing Address 26 おら かいに	FIFIN	4. FEI Number 59-3182303	Applied For Not Applicat
Suite, Apt. #, etc	Suite, April #, etc.	1,000	5. Certificate of Status Desired	\$8.75 Additional
(into, 7 pt. 4) and	27		5. Centroate of Status Desired	Fee Required
City & State	City & State 28 DOUE CAN)	Inn CA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	28 DOUE CAP)	Country	This corporation has liability for	intangible tax under s. 199.032,
25	29 92679	30 USA	Florida Statutes	
9. Name and Address of	Current Registered Agent	81 Name 🗸	10. Name and Address of New F	registered Agent
DANGGIAN CTORMY		#	ress (P.O. Box Number is Not Acceptate	570 Rmy
PANOSIAN, STORMY ~ 1750 SHOREVIEW DRIVE		82 Street Add	CUZ RIVERWINE	SS CT
-INDIALANTIC FL 32903	V ,	00	BOURNE BEACH	
		84 City		85 Zin Code
			neation submits this statement for the nu	roose of changing its registered of
	17 0500 1 CO7 1500 Floods Ctatuto			aposa or or or angle great agree a
Pursuant to the provisions of Sections 60 or registered agent or both, in the State	07.0502 and 607.1508, Florida Statute of Florida, Such change was authorize	is, the above hamed corpo ed by the corporation's boa	ard of directors. I hereby accept the app	iointment as régistered agerit. I an
	07.0502 and 607.1508, Florida Statute of Florida Such change was authorize by Section 607,0505, Florida Statutes.	is, the above named corpo ed by the corporation's bos	and of directors. I hereby accept the app	iointment as registered agent. I an 5-1-96
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SIGNATURE:

STUMPLINE AND TYPID OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5-1-96 (714)459-1818

CR2E034 (12/95)