CORPOI ANNUAL 19	DFIT RATION REPORT 96	DISSULVED ON ON AFTER ACC OLVED, MINIMUM AMOUNT DUE TO FLORIDA DEPARTME Sandra B M Secretary of DIVISION OF COR	ENT OF STATE ortham f State		
OCUME Corporation Nar	ENT # <b>P9300</b>	0044244 (0)			
POLK & A	ssociates, INC.				
icipal Place of I	Business	Mailing Address			
6 LAUREL DR INFORD FL 327 S	173	P.O.BOX 952218 LAKEMARY FL 32795-2218		3. Date Incorporated or Qualified 06/16/1993	3e. Date of Last Report 08/03/1995 Applied For
Principal Place	e of Business	2a. Mailing Address		4. FEI Number 59-3188661	Not Applicable
2735 Suite, Apt. #, e	MELLONVILLE AV	E 26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
SUILE APL *	1105	27 Chu 8 State		6. Election Campaign Financing	\$5.00 May Be
City & State	rd FL	City & State		Trust Fund Contribution 8. This corporation has liability for	Added to Fees
Zip	Country	Zip	Country 30	Etorida Statutes	Yes No
3211	3 25 SEMIWOLE 9. Name and Address of Curr	25		10. Name and Address of New F	Registered Agent
	N K POLK		81 Name Jo	THN K POCK	able)
106 L	LAUREL DR		62 Street Add	Iress (P.O. Bax Number is Not Accept	AVE.
SANF	FORD FL 32773		<sup>83</sup> 57€	. 105	85 Zip Code
			84 City		FL 32773
1. Pursuant to	the provisions of Sections 607.0	0502 and 607.1508, Florida Statute ate of Vorida, Such change was au		poration submits this statement for the tion's board of directors. Thereby acce	purpose of changing its registered epit the appointment as registered
	The load or printed nume of registered	f agent and the if applicable (10Te		poration submits this statement for the tion's board of directors. Thereby acce	Purpose of changing its registered application as registered 8/7/96 FICERS AND DIRECTORS IN 12 Change Addition
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