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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED May 19 1997 8:00am Secretary of State

277-A AZALEA DRIVE POS				Mailing Address OST OFFICE BOX 1424 ESTIN FL 32540-1424						
							3. Date Incorporated or Qualified 09/21/1993		of Last R 9/1996	eport
Principal	Place of Bus	iness	2a. Mail	ing Address			4. FEI Number	04/20		plied For
			26				59-3209195			t Applicable
Suite, Apt	t.#, etc		 	e, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
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City G Off			28	o oldio			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Žip		Country	Zipi		Countr	у	8. This corporation has liability for	intangible ta		
	•	25	29		30			Yes 🗌		
		e and Address of C	urrent Registered	Agent		1 70	10. Name and Address of New Re	egistered Aç	gent	
	RKE, LES V				81	Name				
	1 MCKENZI NAMA CITY				82	Street Add	fress (P.O. Box Number is Not Accepta	ble)		
PA	NAMA UII I	FL 32401			83	il				·
					L				,	
					84	City		FL	[85 Zip	Code
office or agent. I	registered a am familiar v	igent, or both, in the with, and accept the	State of Florida Su obligations of, Sec	08, Florida Statu uch change was tion 607,0505, F	nes, the above authorized b forida Statute	ve-named cor by the corpora es.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of c ept the appoi	ntment as	registered
MATURE		et or prated name of togest		cable (NC			rporation submits this statement for the ation's board of directors. I hereby acce uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
SNATURE	Signature tyea	of present estime of triggete OFFICER	ered agent and hile it appl	cable (NC	TE Registered Ac	gent signature requ	uired when reinsta(ing)	DATE CERS AND D		RS IN 12
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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 Block 13 if change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRINING OFFICER OR DIRECTOR