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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070887 (3)

SBA. INC.

APPROVED POID Z

1997 APR 30 PM 3: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address 8001 BROKEN SOUND BLVD. SUITE 404 BOCA RATON FL 33487 BOCA RATON FL 33487-2754								
BOCA HATON	FL 33407	DOOR TATON FE 3040	172134		3. Date Incorporated or Qualified 10/12/1993	3a. Date o		port
	lace of Business	2a. Mailing Address		<u> </u>	4. FEI Number		Арр	lied For
21 WOI Broken Sound PKWY 26 6001 Broken So				tkwy.	65-0444551			Applicable
Suite, Apt #, etc.					5. Certificate of Status Desired		8.75 Ac Fee Req	
City & Stale	e	City & State	<u></u> 1		6. Election Campaign Financing	r1	\$5.00 N	
	e Raton, FL	28 Boca Rotu			Trust Fund Contribution		Added to	
24 3348	7 25 USA	^{Z₁ρ} 33487		ntry USA	This corporation has liability for in Florida Statutes	ntangible tax Î Yes □ N		199.032,
24] 55 10	9. Name and Address of Current	- T - T	30		10. Name and Address of New Re			
800 SJI BO0	ISTERG, LAWRENCE M INC 1 BROKEN SOUND PARKWAY TE 400 CA RATON FL 33487			82 5"120 83 2 84 Ci TA	RPORATION SERVICE C 1 HAYS STREET ALLAHASSEE,	FL	¹⁵ 323	
office or ragent. La SIGNATUR.	egistrice agent, or both, in the State in th	and tir , sicable (Kar	ep B. Roz	orporation submits this statement for the pration's board of directors. I hereby acceptar, As Its Agent quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
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1111.[☐ DELFTE	2.1 T/ 2.2 N/	1	(See Attachment	' "	Change	Addition
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NAME COURT ADDITION			52 N	1				
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STHELL ADDRESS	İ						ัง	NT'
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14. I do hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 director or director of the corporation or the receiver of the properties of the corporation of the c

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione #

Date

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