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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000070975 (6)

noipal Place	DED SERVICES, INC. De of Business WHEAD ROAD 34293	Mailing Address 2950 ARROWHEAD F VENICE FL 34293	ROAD				
				3. Date Incorporated or Qualified 10/13/1993	3a. Date of Las 02/09/		
. Principat Pl	ace of Business	2a. Mailing Address		4, FEI Number 65-0441405		Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- \$8	Not Applicable 75 Additional	
Car 6 Carl		27		5. Certificate of Status Desired	1 1	e Required	
City & Stati	9	City & State		Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip	Country	Zip	Country	This corporation has liability for in	A0	ded to Fees	
	25 9. Name and Address of Curre	29	30	Florida Statutes	□ No	No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent		
MACRIS	S, STEVEN W						
	UTH TAMIAMI TRAIL		82 Street Ac	dress (P.O. Box Number is Not Acceptable	e)		
VENICE	FL 34285		83				
			84 City		11		
			1041 0119		FI 85	Zip Code	
. Pursuant t or register familiar wi	to the provisions of Sections 607.050 ed agent, or both, in the State of Florth, and accept the obligations of, Sec	2 and 607.1508, Florida Statu rida. Such change was authori, tion 607.0505, Florida Statute:	tes, the above-named corpored by the corporation's bos.	poration submits this statement for the purp pard of directors. I hereby accept the appoint	pose of changing it intment as register	s registered offic ed agent. I am	
SNATURE _	Stynature, typical or printed name of registered agen	nt and site if ancicable (No	tes, the above-named corporated by the corporation's bos. Off: Rugistered Agent signature requirements.	ired wher reinstaling)	pose of changing it intment as register		
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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 changed, or organ attachment with an address.

SIGNATURE: Debra

LAND
ME OF SIGNING OFFICER OR DIRECTOR