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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9300080045 (6)

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Provide Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of Statutes SCHOENEWEISS, RUDI 17568 CHARNWOOD DR BOCA RATON FL 33498 82 Street Address (P.C. Box Number is Not or 17568 CHARNWOOD DR BOCA RATON FL 33498 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Ispace or prived name of registeral agent and title fragilization. Signature, Ispace or prived name of registeral agent and still fragilization. Signature, Ispace or prived name of registeral agent and still fragilization. Signature, Ispace or prived name of registeral agent and still fragilization. Signature, Ispace or prived name of registeral agent and still fragilization. Signature, Ispace or prived name of registeral agent and still fragilization. Signature, Ispace or prived name of registeral agent and still fragilization. Signature, Ispace or prived name of registeral agent and still fragilization. Signature, Ispace or prived name of registeral agent and still fragilization. Signature, Ispace or prived name of registeral agent and still fragilization. Signature required registeral agents and still fragilization. Signature required corporation submits this statement for registeral agent and still fragilization. Signature required corporation submits and still fragilization. Signature above name of corporation should registeral address (P.C. Box Number is Not. 11. Pursuant to the provisions of Sections 607.0502, Florida Statutes, the above name of corporation should registeral address (P.C. Box Number is Not. Signature above name of corporation is board of directors. I horeby accept fragilization of the corporation is board of directors. I horeby accept fragiliza	Fility for intangible tax under s. 199 032
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SIGNATURE Signature, typed or prived name of negativist agent and title if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TILLE PTD SCHOENEWEISS, RUDI 12. DELETE SCHOENEWEISS, RUDI 13. SIREET ADDRESS 17568 CHARNWOOD DR CITY-SI-ZIP BOCA RATON FL 33498 14. CITY-SI-ZIP TITLE VSD SCHOENEWEISS, SALLY STREET ADDRESS 17588 CHARNWOOD DR DELETE 2. 1 TITLE SCHOENEWEISS, SALLY 17588 CHARNWOOD DR DELETE 2. 2 NAME SCHOENEWEISS, SALLY 17588 CHARNWOOD DR DELETE 3. TITLE VSD CITY-SI-ZIP DELETE 3. TITLE 3. TITLE AMME SCHOENEWEISS, SALLY 12 NAME 14. CITY-SI-ZIP DELETE 3. TITLE 3. TITLE 3. TITLE 4. TITLE AMME STREET ADDRESS CITY-SI-ZIP TITLE DELETE 3. TITLE 3. TITLE 3. TITLE 4. TITLE AMME 4. NAME STREET ADDRESS CITY-SI-ZIP TITLE DELETE 4. TITLE AMME 4. NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP TITLE DELETE 4. TITLE AMME 4. NAME	FI 85 Zip Code
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14. I do hereby certify that the information supplied with this filing is columnarily furnished and does not qualify for the exemption stated in Section of the information indicated on his arrival report or supplied ental annual report is true and accurate and that my signature shall the oath; that I am an officer or director of the conforable in or the receiver or trustee empowered to execute this report as required by Chapter	

SIGNATURE:

RUDI SCHOENCUES S. J.

4-1

(407) 457-2940

CR2F034 (12