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**PROFIT** CORPORATION ANNUAL REPORT

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILES I. LENHAL



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P93000087812 (2)

Principal Place of Business  8419 SUNSTATE STREET TAMPA FL 33688-0999  T. Corporation Name  Mailing Address P.O. BOX 1968 TAMPA FL 33688-0999													
2. Principal Pla	(D			77.78.44.4					3. Date Incorpo 12/23/19		ed <b>3a.</b>	Date of Last 05/01/1	
2. Principal Pia 21	ace of Busine	9 <b>SS</b>	2a. 26	. Mailing Addre	ess			1	4. FEI Number 59-321	0060			Applied For
Suite, Apt. :	#, etc.			Suite, Apt. #,	, etc.			<del></del>   -				60.	Not Applicable
22 City & State			27]	· · · · · · · · · · · · · · · · · · ·				'	5. Certificate of	Status Desired			75 Additional e Required
City & State  23  Zip	, 	Country	28]	City & State	<del></del>				6. Election Cam Trust Fund C	ontribution		<b>\$5</b> .	.00 May Be ded to Fees
24	ł	25	29	Zip	30	Country	1	1	This corporat				s 199.032,
		and Address of	Current Regis	stered Agent		<u> </u>			Florida Statut  Name and A		Yes No		
*****						81	Nam				n nograto.	BO Myonk	
MULLIS, HAROLD W JR 101 E KENNEDY BOULEVARD						82	Stree	eet Address (P.O. Box Number is Not Acceptable)					<del></del>
SUITE 28		JULEVANU				83	ļ						
TAMPA F							<u></u>						
	-					84						_	Zıp Code
11. Pursuant to or registere familiar wit	o the provision of agent, or h h, and accep	ons of Sections 60 both, in the State of the obligations of	7,0502 and 603 of Florida, Such of Section 607.	7.1508, Florida i change was a	Statutes, the	he above r by the corp	l named or oration	corporation s board of	submits this sta directors. I herel	atement for the a	purpose of ppointmen	changing its t as registere	s registered officed agent. I am
		a the congentance		0505. Horida Si	statutes.								
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SIGNATURE	Signature, typed o	x printed name of register OFFICE F	rod agent and title 1 a	epplicable	(NOTE: Re	legislered Ager			reinstating)		DATI		
SIGNATURE 5	Synature, typed of  DVST  LENHART  9800 REI	OFFICE F  T, MILES  EVES ROAD	rod agent and title 1 a	erpicable DI ORS	(NOTE: Re	13,	it signatura	e required when	reinstating)		DATI	ND DIRECT	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP	DVST LENHART 9800 REI TAMPA F	OFFICE F  T, MILES  EVES ROAD	rod agent and title 1 a	erpicable 21 ORS	(NOTE: Ro	13. 1.1 TITLE 1.2 NAME	it signature	e required when	reinstating)		DATI	ND DIRECT	
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4/29/96

(813) 626-3191