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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P9400002500 (4)

DOCUMENT # 1. Corporation Name IMANI SERVICES, INCORPORATED

| Principal Place of Business | Mailing Address |
|----------------------------------|----------------------------------|
| 640 DR MARY MCCLEOD BETHUNE BLVD | 640 DR MARY MCCLEOD BETHUNE BLYD |
| DAYTONA BEACH FL 32115 | DAYTONA BEACH FL 32115 |



| thropart account | Business | Maling Address | | | | | | | |
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| 640 DR MARY MCCLEOD BETHUNE BLVD DAYTONA BEACH FL 32115 | | | 640 DR MARY MCCLEOD BETHUNE BLVD DAYTONA BEACH FL 32115 | | | | | | |
| DATIONA DE | MOTITE GETTO | • | | | | 3. Date Incorporated or Qualified | 3a. Date of | | |
| | | | | | | 01/11/1994 | 05 | 5/0 <u>1/19</u> 9 | 95 |
| 2. Principal Place | of Business | 2a. Mailing Addr | ress | · | | 4. FEI Number | | L ——'- | plied For |
| 2. Principal Fiace | O Eddinesis | 26 | | | | 59-3226257 | | 1 | t Applicable |
| Suite. Apt. #, 6 | etc | Suite, Apt. # | , etc. | | | 5. Certificate of Status Desired | | \$8.75 A Fee Re | |
| 2 | | 27 | | | | | | | |
| City & State | | City & Stafe | ! | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 Added 1 | • |
| 3 | | 28 | | | | 8. This corporation has liability for | r intaggible tax (| | |
| Zıçı | Country | Zip | - | Country | | Florida Statutes | s No | | |
| 4 | 9. Name and Address of Curre | 29 | | 30] | | 10. Name and Address of New | Registered Ag | jent | |
| | 9. Name and Address of Curre | an negistered Agent | | 81 | Name | | | | |
| | | | | L | ļ | CO D. N. Harris Nat Associa | hlot | | |
| TAYLOR | , DAISY | | | 82 | Street Add | fress (P.O. Box Number is Not Accepta | ibiej | | |
| | MARY MCCLEOD BETHUNE | RFAD | | 83 | | | | | |
| DAYTON | IA BEACH FL 32115 | | | | | | | PE 70 | Codo |
| | | | | 84 | City | | FL | 85 Zip | Code |
| | | 50 J.CC2 4500 Ftod | do Ctatutac | tho above. | named curpo | oration submits this statement for the pard of directors. Thereby accept the ap | wooso of chan | ging its re | gistered offi |
| CICKIATUDE | | | | | | and the second of the second o | | | |
| SIGNATURE | grature, hypertion printed name, of registeric disp OFFICERS A | ND DIRECTORS | | 13. | · | ADDITIONS/CHANGES TO O | | | |
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| 12. | OFFICERS A PD TAYLOR, DAISY | ND DIRECTORS | | 13. 1 1 THLE 12 NAME | | ADDITIONS/CHANGES TO O | FFICERS AND I | | |
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cerely that the information moltated on this arriver report of solphen oath; that I am an officer or director of the composition or the receiver appears in Brook 12 or Brook 12 if changed, or on an attachment wit

SIGNATURE!