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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9400006998 (6)

FILED Apr 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 84180 Highway 54 West 34120 Highway 54 West ZEPHYRHILLS FL 33543-8											
								 Date Incorporated or Qualified 02/01/1994 		ate of Last R /21/1996	leport
	Principal Pi	lace of Business	28.	Mailing Address	1			4. FEI Number		Ar	oplied For
21			26					59-1755900		J. No	ot Applicable
22	Suite, Apt	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
	City & State	9		City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
	Žìp	Country	⊢ ,	Zip	Cou	intry		8. This corporation has liability for			. 199,032,
24		25	29	torad Agant	30	r			Yes [
	API	9. Name and Address	or Current Regist	reied Agent		81	Name	10. Name and Address of New Re	gistered	waeur	
		GER, DONALD H	DOAD		Į						
		1 Geige r Cemetary I Hyrhills fl 33543	HUAU			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	ZEF	HINNILLO FL 30343			ŀ	83					
						<u> </u>					
					j	84	City		FL	85 Zip	Code
11.	Pursuant t	to the provisions of Section	ns 607.0502 and 60	07.1508, Florida Statu	ites, the at	pove-	named corp	poration submits this statement for the r	ourpose o	changing it	s registered
	SNATURE .							poration submits this statement for the ption's board of directors. I hereby accepted when reinstating	ourpose o pt the app	f changing it pointment as	s registered registered
	BNATURE .	Signature, typed or printed harve of		if applicable. (NC				poration submits this statement for the partion's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
SIC	SNATURE	Signature, typed or printed hance of OFF	registered agent and title	if applicable. (NC	Tf: Flogistered	d Agent		irod when reinstating)	DATE		
SIC 12.	SNATURE .	Signature, typed or printed harve of OFF D GEIGER, DONALD H	registered agent and title ICERS AND DIREC	If applicable. (NO	TE Flogistered	d Agent		irod when reinstating)	DATE	DIRECTOR	S IN 12
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If to hereby certify that the information supplied with this filing does not quarry for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 it am an officer or director of his corporation or the receiver of trustee shipported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or or an attempt of the receiver of the control of the receiver of the

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