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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996 S		0F CORFORATIONS 		
1. Corporation	name	00009294 ((1)		
CONT	INENTAL MEDIA CORPOR	RATION		I IBHHABA HA ISHA BAHA BAHA BAHA B	NIN SBIN ORINI ORINI ORINI INNO HISIR INNI ONEI INRI
Principal Place	of Business	Mailing Address			
127 S PARK AVE. TITUSVILLE FL 32796 US		127 S PARK AVE. TITUSVILLE FL 32796			
		US		3. Date Incorporated or Qualified 01/27/1994	3a. Date of Last Report 03/28/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4, FEI Number 59-3228902	Applied for
Suite, Apt. 4	, etc	Suite, Apt. #, etc.	78 M. C. (A		Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
Zip	Country	28	T 6	Trust Fund Contribution	Added to Fees
24	25 Codnay	Ζφ 29]	Country 30	8. This corporation has liability for Florida Statutes ☐ Yes	intangible tax under s. 199.032,
	9. Name and Address of Curre			10. Name and Address of New P	
			81 Name		-
	C. GLENN		82 Street A	ddress (P.O. Box Number is Not Acceptab	leì
	LASH PINE COURT				
IIIUSV	ILLE FL 32780		83		
			84 City	V 213 - PL	85 Zip Code
					FL S Z COUE
	the provisions of Sections 607,0502 diagent, or both, in the State of Flori i, and accept the obligations of, Sect			poration submits this statement for the pur loard of directors. Thereby accept the app	
familiar with	o again, or point in the state of right, and accept the obligations of Sectional system against the state of the state of the same of the	ta Deterrance was aurnor	Zed by the corporation sit is. Otts: Registered Age it signature re-	ioard of directors. Thereby accept the appoint	pose of changing its registered office piritment as registered agent. I am DATE
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oath; that I am an officer or director of the corporation of the receiver or trusted 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 on an attachment with an address SIGNATURE: Jammes Willis SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 407-383-4527