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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 09 1997 8:00am Secretary of State

DOCUMENT #	P94000011710	(8)

21 LF 730 WINDERCHER Care 26 10 BOX 340264 59-3226017 No. 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Soite, Apt. #, etc. 28 Town PA Town PA Trust Fund Contribution Added Trust Fund Contribution Added Trust Fund Contribution Added Trust Fund Contribution Added Soite Added Trust Fund Contribution Added Soite Address of Current Registered Agent WILKINSON, BRUCE W., ESQ. 5020 GUNN HIGHWAY SUITE 210 TAMPA FL 33624 83 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Registered Agent Tampa FL 33624	pplied For ot Applicable Additional equired May Be to Fees s. 199.032,
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9. Name and Address of Current Registered Agent WILKINSON, BRUCE W., ESQ. 5020 GUNN HIGHWAY SUITE 210 TAMPA FL 33624 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing I office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature. Synd preference of registered Agent with a produced by the corporation's board of directors. I hereby accept the appointment as a point to provide come of registered agent per aird site of applicable (NOTE Registered Agent wignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. TIME 12. NAME SIREIT ADDRESS CITY. ST-20P 16th DS DELETE 14. CITY. ST-20P 16th DS Change	lte registerer
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14. I do hereby certify that the information supplied with this filing does not qualify 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 I am an officer or director of the corporation or the receiver or trustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

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