PRC CORPOR ANNUAL 19	RATION	s s	LDEPARTMEN Saridra B Morth Secretary of Sta DN OCORD	ham ate			,	
DCUME or poration Narr UNITEX DI	ENT # P9400 IRECT, INC.	0034698	(8)					
Dal Place of Bu 3 BROOKSIDE IICE FL 34292	DRIVE	Mailing Address 1353 BROOKSID VENICE FL 3429 US					144 00100 1 7915 05079 (
ncipal Place of	f Business	2a. Mailing Addres	 iS		 Date Incorporated or C 05/05/1994 FEI Number 		3a. Date of Last 02/21/1	
ile, Apt. #. etc		26 Suite, Apt. #, e	etc.		APPLIED FOR		\$8.	Not Applicable 75 Additional
/ & State		27 City & State			6. Election Campaign Financing \$5.00 May Be			
· ··	Country 25	28 Zip 29	30 Cc	ountry	Trust Fund Contribution 8. This corporation has lia Florida Statutes	-	Ao Angibie tax under	ded to Fees s 199.032,
9.	Name and Address of Curren			61 Name	10. Name and Address c			
lieberman, raymond 1353 Brookside Drive /Enice Fl 34292			82 Street Addre		ess (P.O. Box Number is Not Acceptable)			
353 BROOK	kside drive				ress (P.O. Box Number is Not A	Acceptable)		
I353 BROOM	KSIDE DRIVE 34292			83 84 City	ration admitte this datament fo		FL	Zip Code s registered offic ed agent. I am
USUANT IN THE PROPERTY OF THE	KSIDE DRIVE 34292 provisions of Sections 607.0502 gent, or both, in the State of Flore of accept the obligations of, Section or both or both accept the obligations of section	and telest applicable	(NOTE: Register.	83 84 City Dove-named corpo e corporation's boa	ration submits this statement fo rd of directors. Thereby accept se when renstating)	r the purpos	Se of changing it: mont as register	s registered offic ed agent. I am
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353 BROOK ENICE FL 3 ursuant to the registered ag mbar with, and TURE: Styneto Styneto M M M M M M M M M M M M M M M M M M M	KSIDE DRIVE 34292 Provisions of Sections 607.0502 pent, or both, in the State of Flore diaccept the obligations of, Section OFFICERS AND MENDELSON, DANIEL 121 CHESTERSHIRE CT VEST BLOOMFIELD MI P JEBERMAN, RAYMOND	and title it an which we have a construction of the second s	Inforzed by the lattices. INOTE: Register 13. E 1.1 1.21 1.33 1.41 E 2.1 2.2	83 84 City bove-named corpo corporation's boa bod Agent signature require TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	ration submits this statement fo rd of directors. Thereby accept se when renstating)	r the purpos	DATE RS AND DIREC	s registered offic ed agent. I am TORS IN 12 e Addition
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