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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000041830 (8)

ROSSI & CATES INC.



TALLAHASSE	e nene E FL 32301		2107 CHEEKE NENE Tallahassee FL 32301			10-5-	41 act 5	
					3. Date Incorporated or Qualified 06/06/1994	3a. Date o	6/28/1	
. Principal Place	e of Business	2a. Mailing Address			4. FEI Number			Applied For
, , ,		26			59-3246753			Not Applicable
Suite, Apt. #.	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		Adde	May Be d to Fees
Zip	Country 25	Zip 29	Counti	У	8. This corporation has liability for in Florida Statutes Yes		under s	199.032,
	9. Name and Address of Current				10. Name and Address of New R	egistered A	gent	
	<u> </u>		8	1 Name				
paggi	I OLUS D		ā	2 Ctroot Add	ress (P.O. Box Number is Not Acceptab	le)		
rossi, louis d 2107 Cheeke Nene				SUBSC AGG	ross (10. Don tro-ribor to front toobplace			
TALLAHASSEE FL 32301			8	3				
			8	4 City			85 Z	p Code
				'		<u>FL</u>		
. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above	-named corpo	oration submits this statement for the purard of directors. I hereby accept the app	rpose of char	iging its i	registered off
SNATURE si	gratine by period or printed have of registered agree.			ert signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	DRS IN 12
: -	OFFICERS AND	DELETE	13.	<u> </u>	ADDITIONS/OFFANGES TO OFF) Change	Additio
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Fig. nereby certify that the information supplied with this filling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(5)(k), Florida Statutes. 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:

NAME OF SIGNING OFFICER OR DIRECTOR