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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000042658 (2)

HOLLYWOOD FL 33024				Mailing Address 6325 EATON STREET HOLLYWOOD FL 33024-7715 US								
								3. Date Incorpora 06/03/1994	ited or Qualified		ate of Last F 07/1996	Report
	Place of Busine	SS	2a. Ma	ailing Address				4. FEI Number				pplied For
Suite, Apt.	# oto		26	iite, Apt. #, etc.				65-051818	2			ot Applicable
22	. т, ск.		27	illo, Apr. W. Dic.				5. Certificate of S	tatus Desired			Additional equired
City & Star	ite			ty & State				6. Election Camp	aign Financing		\$5.00	May Be
23		Country	28		T CO.			Trust Fund Cor				to Fees
7ιρ 24		Country 5	29 Zij)	Coun 30	ery		8. This corporation Florida Statutes	-	r intangible Yes		s. 199.032 ₁
E7]	· · · · · · · · · · · · · · · · · · ·	ind Address of Cu		ed Agent	1301			10. Name and Ad		_		
DIX	ON, JEANNA	ER				11 Nan	10					
151	O N. DIXIE H	WY			10	32 Stre	et Addre	ess (P.O. Box Numbe	r is Not Accept	able)		
HO	LLYWOOD FI	. 33020			Ļ	13			·····			
					[4	City				FL	85 Zip	Code
											<u>, </u>	to ranistarad
11. Pursuant	t to the provision	ris of Sections 607.	.0502 and 607.1	1508, Florida Sta	lules, the abo	ove-nam	ed corpo	oration submits this s	tatement for the	purpose o	of changing I	នេះមេប្រទទេស
11. Pursuant office or agent. I a	t to the provision registered age am familiar with	ris of Sections 607, int, or both, in the S	.0502 and 607.1 State of Florida Ibligations of, Se	1508, Florida Sta Such change wa ection 607.0505,	tules, the about authorized Florida Statu	ove-nam by the cles.	ed corpo orporation	pration submits this s on's board of director	tatement for the rs. I hereby acc	purpose of the app	ot changing I pointment as	registered
	t to the provision registered age am familiar with	ris of Sections 607, int, or both, in the S i, and accept the o	.0502 and 607.1 State of Florida Ibligations of, Se					pration submits this s on's board of director	tatement for the rs. I hereby acc	e purpose o ept the apt	ot changing I	registered
SIGNATURE		printed name of registere	ed agent and lifte if ap	plicable. (N	VOTE: Registered			d when reinstating)		DATE	······································	
SIGNATURE	Signature, lyped o	printed name of registere		plicable. (N	VOTE: Registered .	Agent signa				DATE	D DIRECTOI	RS IN 12
SIGNATURE 12.	Signature, Typed o	opinied name of registere OFFICERS	ed agent and lifte if ap	plicable. (N	NOTE: Registered	Agent signa		d when reinstating)		DATE	······································	RS IN 12
SIGNATURE	Signature, typed of PSTD TARULLI, of	opinied name of registere OFFICERS	ed agent and lifte if ap	plicable. (N	NOTE: Registered 13. 1.1 TITL 1.2 NAM	Agent signa	ture require	d when reinstating)		DATE	D DIRECTOI	RS IN 12
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SIGNATURE:

TATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR R. TARLIN POR 4/27/47 Daytime Prone 5

FILED
May 19 1997 8:00am
Secretary of State