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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P94000051611 (9)

CORPORATIO	
	INI

Principal Place of Business 803 CENTRAL FL PKWY	Mailing Address			I MIGUERI (18 MI) BUBU 9600 BUBU		
ENS CENTON EL DIVIN						
SUITE 107	PO BOX 593545 ORLANDO FL 32859	a				
ORLANDO FL 32824 US	US US			3. Date Incorporated or Qualified 07/08/1994	3a. Date of Last Report 03/09/1995	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
1	26			59-3250273		Not Applicabl
Suite, Apt #, etc.	Suite Apt. #, etc 27			5. Certificate of Status Desired		. 75 Additional ee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip Country	Zıp	Count:	У	8. This corporation has liability for i		ers 199.032,
25	29	30		1	□ No	
g. Name and Address of	f Current Registered Agent			10. Name and Address of New R	legistered Agent	
		81	Name			
WILLIAMS, A V		82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
2717 NELA AVE		83				
ORLANDO FL 32809		~	'			
		82	City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 6	207 0500 and 807 1500 Florido Cto	tutes the shown	L	ention submits this states out for the pur		ite registered off
familiar with, and accept the obligations SIGNATURE Signature typed or profed none of repe	s of, Section 607.050b, Florida Statu	tes (NO'+ Registered A)		and of directors. I hereby accept the appointment of directors.	DATE	
		13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIREC	CTORS IN 12
12. OFFIC	CERS AND DIRECTORS				ICERS AND DIREC	
12. OFFIC HILE D	CERS AND DIRECTORS	13.				
12. OFFIC TITLE D VAME WILLIAMS, A V	CERS AND DIRECTORS	13. 1 1 TILLE 1 2 NAME				
12. OFFIC TITLE D VAME WILLIAMS, A V STREET ADDRESS 2717 NELA AVE	CERS AND DIRECTORS	13. 1 1 TILLE 1 2 NAME	EL ADDRESS			ige 🔲 Addition
D WILLIAMS, A V STREEF ADDRESS 2717 NELA AVE DITY-ST-ZIP ORLANDO FL 32809	CERS AND DIRECTORS	13. 1 1 TILLE 1 2 NAME 3 3 STREE	EL ADDRESS ST-ZIP			ige 🔲 Addition
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SIGNATURE:

SIGNATURE AND TYPE OF OFFICIAL NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 407-438-600

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CR2E034 (12/95)