COR ANNL	PROFIT PORATION JAL REPORT 1997			ENT OF STATE ortham State	May 15	TILED 1997 8 ary of S	
NOVELL Trincipal Place 58 COMMERC TE 1-8	O AND ASSOCIATES, I	Mailing Addre 258 COMMERC STE 1-B LAUDERDALE {	ss IAL BLVD	33308-4439			
IS		US			3. Date Incorporated or Qualified 07/28/1994	3a. Date of Last F 07/01/1996	lepoil
Principal Pi	lace of Business	2a. Mailing Ad	dress		4. FEI Number		pplied For
Sulte, Apt.	#, etc.	26 Suite, ApL	#, etc.		65-0524365	\$8.75	ot Applicable Additional
Oite B Olat		27 City & State	,		5. Certificate of Status Desired	Fee R	equired
City & State	e	28			 Election Campaign Financing Trust Fund Contribution 		May Be to Fees
Zip	Country 25	Zip [29]	30	Country	8. This corporation has liability for Florida Statutes	inlangible tax under s Yes 🔲 No	s. 199.032,
	9. Name and Address of C H, THOMAS M ESQ.			B1 Name	10. Name and Address of New Re		
office or r	edistered adent or both in the	State of Florida, Such chi	ancie was auth	the above-named c	orporation submits this statement for the	purpose of changing	Is registered
-	m familiar with, and accept the	obligations of, Section 60	17.0505, Florida	a Statutes.	ration's board of directors. I hereby acce	pt the appointment as	registered
GNATURE	Signature, typed or printed name of registe	obligations of, Section 60 , red agent and title if applicable	97.0505, Florida	a Statutes. gisterod Agent signature ro	ration's board of directors, thereby acce	pl the appointment as	registered
-	Signature, typed or printed name of registe	obligations of, Section 60	97.0505, Florida	a Statutes.	ration's board of directors. I hereby acce	pl the appointment as	registered
GNATURE LE ME REET ADDRESS Y - ST - ZIP	Signature, typed or printed name of registe OFFICER OPS NOVELLO, BENJAMIN P	obligations of, Section 60 is AND DIRECTORS STE 1-B SA FL	17.0505, Fiorida (NOTE: Re DELETE	a Statutes. 13. 14. TITLF 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP	ration's board of directors, thereby acce	DATE DATE CERS AND DIRECTOR CRS AND DIRECTOR	RS IN 12
GNATURE LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	Signature, typed or printed name of registe OFFICER NOVELLO, BENJAMIN P 258 COMMERCIAL BLVD	obligations of, Section 60 is AND DIRECTORS STE 1-B SA FL	17.0505, Florida	a Statutes. general Agent signature re 18. 1.1 TITLF 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLF 2.2 NAME 2.8 STREET ADDRESS	ration's board of directors, thereby acce	DATE	Registered
E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E E AE	Signature, typed or printed name of registe OFFICER NOVELLO, BENJAMIN P 258 COMMERCIAL BLVD	obligations of, Section 60 Incompetent and title if applicable IS AND DIRECTORS STE 1-B STE 1-B A FL	17.0505, Fiorida (NOTE: Re DELETE	a Statutes. gistered Agent signature re 18. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS <u>1.4 CITY-ST-ZIP</u> 2.1 TITLE 2.2 NAME	ration's board of directors, thereby acce	DATE DATE CERS AND DIRECTOR CRS AND DIRECTOR	S IN 12
E ADDRESS (-ST-ZIP E ADDRESS (-ST-ZIP E ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP	Signature, typed or printed name of registe OFFICER NOVELLO, BENJAMIN P 258 COMMERCIAL BLVD	obligations of, Section 60 , red agent and title if applicable IS AND DIRECTORS STE 1-B SA FL	VT. OGOS, Florida (NOTE - Re DELETE DELETE DELETE	a Statutes. gistered Agent signature to 13. 1.1 TITLF 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CITY - S1 - ZIP 2.1 TITLF 2.2 NAME 2.3 STREE1 ADDRESS 2.4 CITY - S1 - ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY - S1 - ZIP	ration's board of directors, thereby acce	DATE CERS AND DIRECTO Change	S IN 12
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