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	PROFIT		FLORIDA DEPA	RTMENT OF STATE	May 01	998 8:0)0am
CORPORATION ANNUAL REPORT			Secretary of State Division OF CORPORATIONS		Secretary of State		
1. Corporatio	in Name		• • •				
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Principal Place of Business Mailing Address						NAN DINI DINI ANA AM	T AL INDER HEADE
63 SARASOTA CENTER BLVD. 63 SARASOTA CE SARASOTA FL 34240 SARASOTA FL 34				BLVD.	DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 07/29/1994 	1	
2. Principal F	lace of Business	28. Mai 26	ling Address	······································	4. FEI Number 59-3266531		pplied For ot Applicable
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
2 City & Stat	e	27 City	& State		6. Election Campaign Financing	Fee Ri	equired May Be
3] Zip	Country	28 Zip		Country	Trust Fund Contribution 8. This corporation owes or has p	Added	to Fees
	25 9. Name and Address of Current	29		30	Personal Property Tax due Jur 10. Name and Address of Naw F	ne 30. 🗋 Yes [] No
W	VRE, ALFRED	negistered	o Agent	81 Name	10, Name and Address of New P	loğistəreti Ağerit	
21	2 SUNRISE DRIVE KOMIS FL 34275			82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
	numis fl 34275			83	<u> </u>		
				84 City	<u> </u>	FL 85 Zip	Code
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	and 607.18 Florida. S	508, Florida Statu uch change was	tes, the above-named cor	poration submits this statement for the		ts registered
acient. La	m familiar with, and accept the obligati			autionized by the corpore	ation's board of directors. I hereby acc	ept the appointment as	registered
		ions of, Sec	ction 607.0505, FI	lorida Statutes.	ation's board of directors. I hereby acci	ept the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if appl	icable (NO	TE. Registered Agent signature requ		DATE	
SIGNATURE 12. 11LE	Bignature, typed or printed name of registered symm OFFICERS AND P	and title if appl	icable (NO	IE. Rogistered Agent signature requ 13. 1.1 TITLE	vired when reinstaling}	DATE	
SIGNATURE 12. ITLE IAME	Bignature, typed or printed name of registered symm OFFICERS AND P WARE, BRENT	and title if appl	icable (NO IS	TE. Registered Agent signature requ 13.	vired when reinstaling}	DATE	15 IN 12
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