COF ANNU	PROFIT PORATION JAL REPORT 1997	Sar s Divisio	DEPARTMENT C odra B. Morth ocretary of State N OF CORPOR	<b>am</b> D	Apr 2 Seci		997 8 ry of	
	LANTIC AVE.	Mailing Address 453 SOUTH ATLAN ORMOND BEACH F	TIC AVE.					
					<ol> <li>Date Incorporated or Q 10/06/1994</li> </ol>	ualified	3a. Date of La	
2. Principal P	ace of Business	2a. Mailing Addres	ŝ		4. FEI Numbor			Applied For
1 Sulte, Apt.	#, etc.	26 Suite, Apt. #, e	tc.		59-3280623		<b>\$8.</b>	Not Applicat
2 City & State	à	27 City & State			5. Certificate of Status Do		Fe	e Required 00 May Be
3		28			6. Election Campaign Fina Trust Fund Contribution	<u> </u>	Ad Ad	ded to Fees
Zip 4	Country 25	Zip 29	30	ntry	<ol> <li>B. This corporation has lia Florida Statutes</li> </ol>		itangible tax unc Yes 🔲 No	ler s. 199.032,
	9. Name and Address of Curren			81 Name	10. Name and Address of	New Reg	listered Agent	
453	'Ner, Joseph South Atlantic ave.				ress (P.O. Box Number is Not /		0)	
ORMOND BEACH FL 32176					ress (F.O. Box number is not a	Acceptabl	0)	
ORM	OND BEACH FL 32176					· · · · ·		
ORM	OND BEACH FL 32176			83				
1		2 and 607, 1508, Florida		83 84 City	poration submits this statement			Zip Code
11. Pursuant office or r agent. I a SIGNATURE	OND BEACH FL 32176 to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or runted name of registered age Off ICERS ANI	ot and the if applicable	Statutos, the at 9 was authorize 505, Fiorida Stat	83 84 City		for the pu	Impose of changing       Introduction       Interpose       DATE	ng ils registere I as registered
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