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PROFIT → CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🛊

Secretary of State

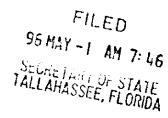
DIVISION OF CORPORATIONS

1996

P94000083408 (2) **DOCUMENT #** 

1. Corporation Name

TYPICAL INVESTMENTS, INC.





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rincipa: Place o	of Business	Mailing Address						
1736 IMPERIAL PALM DRIVE 1736 IMPERIAL PALM DRIVE APOPKA FL 32712 APOPKA FL 32712								
AFORM IL	WETTE.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1100.111.		3. Date Incorporated or Qualified 11/14/1994	3a. Date o	of Last Re 5/01/19	
Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	.4	1	Applied For
		26			59-3293807		- <del></del>	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		• -	Additional Required
City & State		City & State			6. Election Campaign Financing			May Be
City & State		28			Trust Fund Contribution		•	d to Fees
Zip	Country	Zıp	Cour	itry	8. This corporation has liability for i		under s	199.032.
	25	29	30		Florida Statutes Yes  10. Name and Address of New R	-	nent	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New A	egistereu A	your	
\$167F	n Chimpinos				DAVID J. LE PA	CH		
-	<del>L, R. Lawrence</del> - <del>Canton Ave.</del>		82 Street Add		idress (P.O. Box Number is Not Acceptable) 152 BAYWOOD AVENUE			
-SUITE-				83	132 DATROOD AT	иноп		
	2 PARK-FL-32789						05 7.	n Codo
	1-7-4-1-1-1-02/00-			84 City	LONGWOOD	FL	85 Zı	32750
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Loo nereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.0 (g)(k), Forida Statutes i Turner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment within address.

4 - 74-94.

GNATURE:

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96