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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State . . . DIVISION OF CORPORATIONS

1996

Principal Place of E 20711 US HWY 9 DADE CITY FL 33	DIL INTERNATIONAL, II						
20711 US HWY 9		NC.					
20711 US HWY 9							
		Mailing Address	Mailing Address			ann anns baibt faran trift fabië Stift Effit 1861	
		20711 US HWY 98 DADE CITY FL 33525					
					3. Date Incorporated or Qualifie		
2. Principal Place of Business		2a. Mailing Address	2a Mailing Address		11/14/1994 4. FEI Number 6.5-0	05/01/1995 372542 Applied For	
1		26	├─¬		APPLIED FOR	3/2542 Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	··· ·		Certificate of Status Desired	\$8.75 Additional	
22		27	27		Certificate or Status Desired	Fee Required	
Orty & State		City & State			6. Election Campaign Financing	yo.oo may be	
Zip Country					Trust Fund Contribution	Added to Fees	
24 25		29 30		,	8. This corporation has liability for intangible tax under si 199.032, Florida Statutes Yes No		
9	9. Name and Address of Cui	rrent Registered Agent			10. Name and Address of New		
			81	Name			
SCHNEIDER			82	Street Add	dress (P.O. Box Number is Not Accept	otable)	
100 NE 3RD	D AVE.						
SUITE 400			83	3			
F1. LAUDER	RDALE FL 33301		84	City		85 Zip Code	
11. Pursuant to the	ne provisions of Sactions 607.0	1502 and 602 1509 Florida Statu	toe the above	nomod rusus	Services of description of the control of the	purpose of changing its registered office	
or registered a	agent, or bord, in the State of r	нонов. Such change was authoru	zed tiy the corp	poration's boa	ard of directors. Thereby accept the a	purpose of changing its registered offic appointment as registered agent. I am	
	and accept the obligations of, a	Section 607.0505, Florida Statute:	S.				
SIGNATURE	ative itsped or printed name of registered a	Agentaroftheda, Seaken, (fa	Ott. Beginning Age	n 1 Suthabline regulir	cell where remelating	D4JE	
12.	OFFICERS	AND DIRECTORS	13.			DEFICERS AND DIRECTORS IN 12	
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	KABOT, GARY		1.2 NAME		•	•	
	9200 NW 14 CT		1.3 STREE	1 ADDRESS			
	PLANTATION FL D	C Dritte	1.4 CITY - :				
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STREET ADDRESS 1 CITY-ST-ZIP N TITLE D NAME S	<mark>Manalapan Fl</mark> D	☐ DELETE	2 4 CHY -: 3 1 HILE 3 2 NAME	S1-ZIF			
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (352)-553-3323