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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # POANDOOGRADO (O)

FILED May 08 1997 8:00am Secretary of State

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| | | | | | 3. Date Incorporated or Qualified 01/02/1995 | | te of Last F 4/1996 | leport |
| —–– | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | oplied For |
| 21 | | 26 | | | 65-0544433 | · | | ot Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 6. Certificate of Status Desired | | | Additional equired |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | Added | to Fees |
| | | 7.0 | Country | | 8. This corporation has liability for | intangible | tax under s | . 199.032, |
| 24 | 9, Name and Address of Currer | 29 Agent | 30 | | Florida Statutes 10. Name and Address of New R | Yes _ | | |
| DOI | IGLASS, MICHAEL | it trogression Agent | 81 Na | me . | | ogistoro z | ·yoin | |
| | 2 S. TAMIAMI TRAIL | | | | ANA L. COYLE | | | |
| SUIT | | | 82 Str | eet Addres | ss (P.O. Box Number is Not Accepte 3 5 VAM/ DRIVE | ible) | | |
| | ICE FL 34293 | | 83 | | SO VALLE CITY | | | |
| 7617 | ICE FE STEED | | 124 3 | | <u></u> | | Tagl Si | 0-1- |
| | | | 84 Cii | y کھ | RASOTA | FL | 85 Zip | Code 23 |
| orient Le | as funding with and annot the oblig | e of Florida. Such change wa | s authorized by the | corporatio | n's board of directors. I hereby acce | opt the appo | ointment as | registered |
| SIGNATURE | Signature typed or panied name of registered ago | ent and title if pohicable IN | OTE: Registered Agent sign | | | /9/ DATE | | |
| SIGNATURE V | Signature typed or panted name of registered age OFFICERS AN | ent and title in pipicable (N ID DIRECTORS | OTE: Registered Agent sign | | 4/38 | /9/ DATE | DIRECTOR | |
| SIGNATURE'S | Signature typed or panied name of registered age OFFICERS AN | ent and title if pohicable IN | OTE: Registered Agent sign | | when reinstaling) | /9/ DATE | | RS IN 12 |
| SIGNATUREN 12. THE NAME | Signature hyped or panied name of registered age OFFICERS AN P DOUGLASS, MICHAEL | ent and the propheable IN ID DIRECTORS DELETE | OTE: Registered Agent sign 13. 1.1 TITLE 1.2 NAME | nature required | when reinstaling) | /9/ DATE | DIRECTOR | RS IN 12 |
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