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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000003327 (0) **DOCUMENT #** 

FIDELITY LICENSING CORPORATION									
rincipal Place c	of Business	Mailing Address			A INDIIMAL LIN ARINI ALILL NOLLE DAL	:. ::			
3200 BAYOU PLACIDO BLVD NE ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703									
					3. Date Incorporated or Qualified 01/10/1995	3a. Da	to of Last Rep	port	
. Principal Plac	ce of Business	2a. Mailing Address		<u>.</u>	4. FEI Number 59 – 33089	1/3	<u> </u>	pplied For lot Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	<u>' ' '                                </u>	\$8.75	\$8.75 Additional Fee Required	
		City & State			6. Election Campaign Financing		<del></del>	May Be	
City & State		28			Trust Fund Contribution		Added	to Fees	
Zφ	Country 25	Ζφ <b>29</b>	Country 30		This corporation has liability for Florida Statutes	or intangible es 🔣 No	tax under s	199.032,	
	g. Name and Address of Cur			F	10. Name and Address of New	Registere	d Agent		
			81						
3200 BAY	thomas e You placido blyd ne				ress (P.O. Box Number is Not Accept	(able)			
ST. PETE	RSBURG FL 33703		83						
			84	City		<b>C</b>	<b>85</b> Zip	Code	
				named corpor poration's boa	ration submits this statement for the production of directors. Thereby accept the a	purpose of c ppointment	hanging its reas registered	egistered offi agent Lam	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 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 certify 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 with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR

Date:

Date CITY-ST-ZIP

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

DELETE

Change Addition