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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29 1998 8:00am Secretary of State

DOCU	MENT on Name	# P9500	00006	706 (2	2)						
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CARIB	DEAN HU	OSE CORPORATION	UN				ı				
Principal Plac	ce of Busines	is	Mailing	g Address					JOHN SOLL DE	I TIMU UDIR I	
4734 S KIRI	KMAN ROAD		· ·	- s Kirkman Roa	ND.						
	L 32811-3643			ANDO FL 32811-3			-				
มร			บร				L	DO NOT WRITE	E IN THIS S	SPACE	
								3. Date Incorporated or Qualified			
				00				01/23/1995			
2. Principal P	Place of Busin	ness	 -	iling Address				4. FEI Number		 -	pplied For
21 2 2 2 2 2 2 2 2 2			26	Suite, Apt. #, etc.				59-3294781			lot Applicable
- ¬ ⊢			├ ~,	27				5. Certificate of Status Desired			Additional lequired
22 City & Stat	te			y & State				6 Floring Compaign Financian			
23			28		_			 Election Campaign Financing Trust Fund Contribution 			May Be to Fees
Zip		Country	Zip)	Count	try		8. This corporation owes or has pa			
24		25 and Address of Curr	29	d Amount	30			Personal Property Tax due June 10. Name and Address of New Re			∐ No
			ent Registere	a Agent	-	1 Name		10. Name and Address of New Re	egistereo /	Agent	
	HONG, STE				[1 Name					
1		ISON ST SUITE 510	•	82 Street Ac			ddress	(P.O. Box Number is Not Accepta	ble)		
0	rlando fi	L 32801			8	13					
					Ļ					1-20-	
						City			FL	1 -	Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and 607.1	508, Florida Stat	utes, the abo	ve-named o	corpora	ation submits this statement for the s board of directors. I hereby acce	purpose of	changing	its registered
agent. I a	am familiar w	ith, and accept the obl	ligations of, Se	ction 607.0505.	S authorized Florida Statut	by the corpo	oration	s board or directors, i flereby acce	spi me app	outonent as	s registered
					i londa Statut						
SIGNATURE											
	Signature, typed	or printed name of registered a	agent and title if app	oficable, (N	OTE: Registered A			hen reinstating)	DATE		
12.		or printed name of registered a		oficable. (N	OTE: Registered A	Agent signature re			DATE	DIRECTO	RS IN 12
12.	D	or printed name of registered : OFFICERS A	agent and title if app	oficable, (N	OTE: Registered A	Agent signature re		hen reinstating)	DATE		
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4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Horida Statutes. I further certify that the informational 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 if changed, or an attachment with an address.

3 AMES R. GOTCHER

SIGNATURE:

22 Janu

(467) 292-0600