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**FROFIT** \*CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000010109

## **FILED** Jan 21, 1999 8:00am Secretary of State 01-21-1999 90035 013 \*\*\*150.00

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935 12TH ST. 935 12TH ST.									
935 121H.51.   VERO BEACH FL 32960   VERO BEACH FL 32960									
Tello benon (C vexos						DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed				
						2/03/1995			
2. Principal Place of Business 2a. Mailing Address						I Number			applied For
21	Table of Basilless	26				9-3303730		ļ	iot Applicable
Suite, Apt.	# 'etc	Suite, Apt. #, etc.				7 0000700			Additional
	. H. C.C.	<del></del>			5. Ce	ertifcate of Status Desire	ed 🗌	<b>*</b>	Required
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23	Country	28 7in	Countr		·····	ust Fund Contribution	<del></del>		l to Fees
Zip	Country	Zip	Countr	у	1	is corporation owes the	current year		
24	25	29	30		<del></del>	rsonal Property Tax.	Davids	Yes	□No
	9. Name and Address of Current		81	l No	10. Na	ime and Address of N	ew Kegistere	a Agent	
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- 25			84	City			F	85 Zip	Code
.11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the abov	/e-named co	orporation su	bmits this statement for	r the purpose	of changing it	s registered
office or r	registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida: Such change was a	uthorized by	the corpora	ation's board	of directors. I hereby a	sccept the app	ointment as r	egistered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Statute	S					
agent. 1 a SIGNATURE								<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Age		uired when reinsta	sting)	DATE		
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SIGNATURE	Signature, speed or printed name of registered epent OFFICERS AND PD MAYS, L D	and title if applicable. (NOTE	E: Registered Age		uired when reinsta	sting)	DATE	AND DIRECT	ORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FURE REQUIRED

561-569-4099