COF ANNL	PROFIT RPORATION JAL REPORT 1998	Sandra Secret	IS \$550.00 ARTMENT OF STATE B. Mortham lary of Slate CORPORATIONS	FIL Mar 11 19 Secretary	98 8:00ar
INTRAC Principal Place 3418 ENTERP	o of Businass Rise ROAD	Mailing Address 3418 ENTERPRISE ROA	, D		
US	FL 34982-6556	Fort Pierce FL 3498 US	-0000	DO NOT WRITE IN	THIS SPACE
				 Date Incorporated or Qualified 02/16/1995 	
-n '	lace of Business	28. Mailing Addross		4. FEI Number	Applied For
Suite, Apt	H, etc.	Suite, Apt. #, etc.		65-0555731 5. Certificate of Status Desired	Not Applicat
City & State	9	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
21p	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid t	Added to Fees
14	25	29	30	Personal Property Tax due June 30	Yes 🗌 No
NIN	9. Name and Address of Current IESLING, MARY F	Registered Agent	81 Name	10. Name and Address of New Regis	tiered Agent
920	9 S. INDIAN RIVER DR.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FU	RT PIERCE FL 34982		83		
			84 City		as Zip Code
11. Pursuant I	to the provisions of Sections 607.060				
		2 and 607 1508, Florida Stati	utes, the above-named cor	poration submits this statement for the purp	cose of changing its registere
SIGNATURE	1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 -			rporation submits this statement for the purp ation's board of directors. I hereby accept the	
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Standard Ground have of registered agen OFFICE RS AND	it and title it applicable (NG) DIRECTORS	utes, the above-named cor authorized by the corpora- lorida Statutes.	the Petperson	DATE IS AND DIRECTORS IN 12
SIGNATURE	Stanzane by dee pointed name of registered a pro OFFICE RS AND	it and take it applicable (NC	DIE Registered Agent signature required agent signature required agent signature required agent	uired when reinstating)	DATE IS AND DIRECTORS IN 12
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SIGNATURE	Signative by deer pointed name of registration (Report OFFICE RS AND NINESLING, WILLIAM J 9209 S. INDIAN RIVER DR. FORT PIERCE FL	it and title it applicable (NG) DIRECTORS	DIE Registered Agent signature required agent signature required agent signature required agent	uired when reinstating)	DATE IS AND DIRECTORS IN 12
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