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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Mort Secretary of Sta

Secretary of Sta

FILED
May 16 1997 8:00am
Secretary of State

	1997 JMENT: S AUTOMO	# P9500 TIVE, INC.	0013	516 (6)							
Pr-ncipal Place of Business Mailing Address 14785 72ND COURT NORTH 14785 72ND COURT NORT LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470											
					1		1	3. Date incorporated or Qualified 02/17/1995		ate of Last I /01/1996	Report
	Place of Busine	988	h	ailing Address				4. FEI Number 65-0558016			pplied For
Suite. An	ot, # etc.		26 Su	ite, Apt. #, etc.		·					ot Applicable Additional
2			27			.		5. Certificate of Status Desired			equired
City & St	ate		F	ty & State		1		6. Election Campaign Financing			May Be
3] 70		Country	28		Co	ntry		Trust Fund Contribution			to Fees
1	1	25	29	P	30	1		 This corporation has liability for Florida Statutes 	intangibi Yes		3. 199.032,
`L		and Address of Cur		ed Agent	15-1	1		10. Name and Address of New R			
	785 72ND CO XAHATCHEE					63	City	ss (P.O. Box Number is Not Accepta	DIB)	85] Zip	Code
						64	νιy		FL	- 103 Tib	Code
		ons of Sections 607.0 int, or both, in the St in, and accept the ob-	0502 and 607. ate of Florida oligations of, Se	1508, Florida Stat Such change was ection 607.0505, F	utes, the a s authorize Florida Sta	above-n ed by th stutes.	named corpo ne corporatio	ration submits this statement for the n's board of directors. I hereby acce	purpose o	of changing pointment as	its registered registered
SIGNATURE 2.	Signature typedic	r printed name of registered		oplicable. (NO	OTE Register	ed Agent s		ration submits this statement for the n's board of directors. I hereby acce when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	D DIRECTO	RS IN 12
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4. I do 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 suppliemental 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.

SUNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 /3716773 Dayting Phone # 0332482