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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000018212 (7)

TIMSALES, INC.



Principal Place of Business Mailing Address		T I BEALADRI THA TOTAL ODINI ODINI ODINI ODINI ODINI ODINI SALIL ODINA HAVAT TIVOTA TIVOTA TIVOTA TIVOTA TIVOTA			
P.O. BOX 3319 SARASOTA FL 34230		P.O. BOX 3319 SARASOTA FL 34230			
				<ol> <li>Date Incorporated or Qualified 03/06/1995</li> </ol>	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-057212	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T ~	Trust Fund Contribution	Added to Fees
24	Country 25	Ζ(ρ) <b>29</b>	Country 30	8. This corporation has liability for it Florida Statutes	
<b>-</b> [	9. Name and Address of Curi		130	10. Name and Address of New Ro	
	·		81 Nanyo	0 0	
CORPO	RATION SERVICE COMPANY			NUID K. BURGM	<i>q()</i>
	AYS STREET		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	TRAIL
	ASSEE FL 32301		83 40-	T 201	
			84 City	1 201	[2.0]
			84 City	SPREY	FL 85 Zip Code 34.229
11. Pursuant t	o the previsions of Sections 607.05	002 and 607.1508, Florida Statute	s, the above named corp	poration submits this statement for the purp	
or register	ed agent, or both, in the State of the	londa, Such change was authoriza activit 607 0505. Etarida Statutos	d by the corporation's b	poration submits this statement for the purporation of directors. I hereby accept the appo	intment as registered agent. I am
familiar wit					
	Mull K.	Duymus)		<u>.</u>	11196
familiar wit	Mullet -	Talleman	E: Bagistered Agrant signature req	* Pri	417/96
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SIGNATURE Y	Step of an operation per test name of registered at OFFICERS /	Tallyman J	E. Bogisterec Agrint signature req	kirleid when reinstating)	417/96 DATE
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cating that the information included on this animal report or supplemental animal report is true and accurate and that my signature shall have the same legal effect as if made under cating that I am an officer or depekt 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 3 if changed, or or an attachment without address.

SIGNATURE: V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEAUR DIRECTOR

2117196