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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000019537 (6)

CORP FX, INC.

DOCUMENT # 1. Corporation Name



Principal Place of	of Business	Ma	niling Address				C CHRISTIAN COM CRISTIAN GOLD GALL	9 2171 9 2721 11210		M.H. 1881 1881
2412 BELLE CHASE CIRCLE 2412 BELLE CHASE CIRCLE										
TAMPA FL 336	534	1	TAMPA FL 33634							
							3. Date incorporated or Qualified 03/08/1995	3a. Date	of Last Re	iport
2. Principa! Plac	ce of Business	2a. 26	Mailing Address				4. FEI Numiber			Applied For Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desirad		•	Additional Required
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	28	<u>ζ'</u> (ξ)	Cor	untry		8. This corporation has liability for			
1	25	29		30		,		No		
	g. Name and Addres	s of Current Regis	itered Agent		81	Name	10. Name and Address of New F	tegistereo A	gent	
	-							···-		
SCHALLER, KURT H 2412 BELLE CHASE CIRCLE			8			Street Addin	Address (P.O. Box Number is Not Acceptable)			
TAMPA F					83					
					84	City		FL	85 Zq	o Code
44 6	a the even in one of Contin	os 607 0600 and 60	17 1508 Florida Stati	itae the sh	.l	named coroor	ation submits this statement for the pu d of directors. Thereby accept the app	rnose of char	naina its r	egistered office
SIGNATURE	Signature, typied or printed name o	strepstered a jedt a stitl out FRICERS AND DIREC		hall. Fagister		of signature requires	Lwenrenstaling: ADDITIONS/CHANGES TO OFF			
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NAME	SCHALLER, KURT			12	NAME					
	L AMAN BELLE CURE	SE CIRCLE		13	STHEE	LADDRESS				
STREET ADDRESS	2412 BELLE CHAS	/E 0OLE								
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For preceduring that the information supplied with this tiling is voluntarily furnished and does not quality for the exemption stated in succion 119.07(5)(K). Florad Statutes. Fluriher certify that the information indicated on this annual report is 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my manier appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR