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PROFIT CORPORATION ANNUAL REPORT



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

	1996	COD #1	35	DIVISION	OF CORF	ORATI	ONS					
 Corporation 				25651	(7)							
SOU	JTHMORE (CORPORATION,	INC.					# 1 0 0 110 110 1010 1	Dilli Odill G	6 /J) 48 (1) 4 6(I A M aa l a lkii	E BRIDI DIODI HIDI
rincinal Place	of Business		6.4-1	En a Antonio		·						
			Mail	ling Address								(181
5 BEACO PONCE II		BEACON COURT NCE INLET FL 32127										
								3. Date incorporated or 0 03/28/1995	Qualified	3a. Dat	e of Last F	Report
Principal Pl	ace of Business		2a. I	Mailing Address				4. FEI Number		<u> </u>	r · ı	Applied For
Suite, Apt.	# ato		26									Not Applicat
Suite, Apr.	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status De	esired	П	-	5 Additional
City & State	9			City & State				6. Election Campaign Fina	ancina			Required
			28					Trust Fund Contribution				May Be
Zip		Country	-	Zip		Country	,	8. This corporation has lia		ntangible t		
	Q Name on	d Address of Curre	29		30			Florida Statutes	Yes	□ No		·,
	3. ITAINE BN	O AUGIESS OF CUPPE	in negiste	reo Agent		81	Name	10. Name and Address of	of New Re	gistered	Agent	
MODE	RE, GERALD I	F										
	ACON COURT					82	Street Add	ress (P.O. Box Number is Not A	Acceptable	e)		
	E INLET FL					83						
											1!	n Cada
ZALATI LIDE	,	The stangements on occur		oo, nonda otata	tutes, the a prized by the	above-r	· '	ration submits this statement for ord of directors. I hereby accept	or the purp the appo	FL oose of cha intment as		p Code registered off Lagent, Lam
SNATURE _	Signature, typed or pr	of Sections 607,0502 th, in the State of Flori he obligations of, Sect inted name of registered agent OFFICERS AN	I and tile if app	ors	(NOTE Registe	above-r ne corp	named corpor oration's boa	od when reinstating)		ose of chaintment as	registered	registered off Lagent. Lam
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SIGNATURE: ___

CONATURE AND TYPED OF BONTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15/96 902-661-1717