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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P95000032068 (5)

FILED May 09 1997 8:00am Secretary of State

215 S.W. LEJEUNE ROAD 215 S.W. LI			ess Eune Road					
					3. Date Incorporated or Qualified 04/14/1995		e of Las 3/199	st Report
¬	Place of Business	2a, Mailing Address			4. FEI Number		T	Applied For
Suite, Apt	. #. etc.	Suite, Apt, #, etc.	····		65-0584182		\$8.7	Not Applicable 5 Additional
]	, •	27			5. Certificate of Status Desired			Required
City & Sta	te	City & State			6. Election Campaign Financing		\$5.0	00 May Be
<u> </u>		28			Trust Fund Contribution			ed to Fees
Zip []	Country	Zip	30 Cou	ntry	This corporation has liability for if Florida Statutes	intangible t] Yes []		er s. 199.032,
<u> </u>	[25] g. Name and Address of Curre		1301		10. Name and Address of New Re			***************************************
NO	RTHROP, MICHAEL K ESQ			81 Name		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	S.W. LEJEUNE ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		· · · · · · · · · · · · · · · · · · ·
MIA	MI FL 33134-17 99			83				
				84 City		FL	85 2	Zip Code
agent. La	an rammar with, and accept the cong	ations of, Section 607.0505,	Florida Stat	utes.	rporation submits this statement for the pation's board of directors. I hereby accept	or the appo		as registered
IGNATURE	Styrature, typed or pentad name of registered ag	ent and title if applicable. (I	NOTE: Registere	d Agent signature requ	ulted when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIRECT	ORS IN 12
IGNATURE 2. TLE	Styr-shire, typed or printed name of registered ago OFFICERS AN	ent and title if applicable. (I	NOTE: Registered	d Agent signature requ	ulted when reinstating)	DATE		ORS IN 12
IGNATURE 2. ILE IME	Styrature, typed or pentad name of registered ag	ent and title if applicable. (I	NOTE: Registere 13. 1.1 Ti	d Agent signature requ	ulted when reinstating)	DATE	DIRECT	ORS 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 supplemental annual report by fue and accurate and that my signature shall have the same legal effect as if made under oath; the I am an officer or director of the corpit ation or the receiver or rusts appears in Block 12 or Block 1/2 in increasing the increase of the corpit at the property of the property of the corpit at the property of the property of the corpit at the property of the corpit at the property of the corpit at the property of the property

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING FICER OR DIRECTOR

4/24/9-

Daytime Phone #