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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039938 (2)

EXECUTIVE RESEARCH, INC.

FILED Jan 23 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			E IRONADI ALE IRIBI DAIN OGIL BOLIA SOF	40-04 1-114 1	A.16 15161	
1440 PINE PLACE DELAND FL 32720		P.O. BOX 3134 DELAND FL 32723-9134						
				3. Date Incorporated or Qualified				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	VIV	-	Applied For
21		26			NOT APPLICABLE			Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	×	•	5 Additional Regulred
City & State	е	City & State			6. Election Campaign Financing		\$5.	00 May Be
3		28			Trust Fund Contribution			ed to Fees
Zφ	Country	Zip	Countr	ry	8. This corporation has liability for			er s. 199.032,
4	25	29	30			Yes [
	9. Name and Address of Cu	rrent Registered Agent	8	1 Name	10. Name and Address of New Re	gistered A	gent	
1440	BIERI, JAMES) PINE PLACE AND FL 32720		82 63	3	dress (P.O. Box Number is Not Acceptat	ole)		
			84	4 City		FL	85 2	ip Code
agent Los				OC.				
SIGNATURE	Signature, typed or pention narms of registers				alion's board of directors. I hereby acceptions are all the second of directors. I hereby acceptions are all the second of directors.	DATE		
SIGNATURE	Signation , lyped or printed nation of response	staged and tile tapperable (i				DATE	DIRECT	
SIGNATURE	Signation speed on printed name of regions: OFFICERS	ed agent send title it applicable (f	NOTE Registered April 13.	gent signature requ	cired when reinstating)	DATE		
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The copy warmy one time immunication supplies with this immig does not quality for the exemption stated in Section 119.07(3)(1), Frortda Statutes. I further certify that the information indicated on this annual report or supplemental 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 Phyck 13 if changed, or on an attachment with an address.