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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000040016 (4)

## **FILED** Jan 29 1997 8:00am Secretary of State

Principal Plac	RD CARRELL	., INC.		niling Address		····	_ <del></del>				
			299 WEST VIRGINIA AVENUE DELAND FL 32720-1241								
								3. Date Incorporated or Qualified	3a. D	ate of Last I	Report
								06/01/1995	03	/18/1996	
	Place of Busines	\$	28.	Mailing Address				4. FEI Number			pplied For
21	AL . 1		26	Code total distant				59-3315070	<u> </u>	<del></del>	ot Applicable
Suite, Apt.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & Stat	te		28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zıp		Country		Zip	Cou	untry	<del></del>	8. This corporation has liability for	r intangible	tax under	s. 199.032,
24	25	]	29		30			Florida Statutes	Yes	□ No	
	9. Name an	d Address of Cur	rent Regis	tered Agent				10. Name and Address of New F	legistered	Agent	
	LLY, WILLIAM					81	Name	÷			
1006 NORTH WOODLAND BOULEVARD			EVARD	Į		82	Street Addr	ress (P.O. Box Number is Not Accept	able)		
DE	LAND FL 3272	21-1430				83					
						84	City		FL	85 Zip	Code
11. Pursuant office or	to the provision registered agen am familiar with	s of Sections 607.0 t. or both, in the St and accept the ob-	ubuz and 6 ate of Floric	07.1508, Florida Sia da. Such change wa	atutes, the a as authorize	pove- d by t	named corp the corporat	poration submits this statement for the tion's board of directors. I hereby acc	e purpose o ept the apt	or changing pointment a	its registered s registered
agent La SIGNATURE										<del></del>	
SIGNATURE		onided rainle of registerac	l agent and file	il applicable. (I				red when reinstating)	DATE		
			l agent and file	il applicable. (I	NOTE Registere	d Agent		red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN		
SIGNATURE	Signature, (yee-1 %)	onided rame of registered OFFICERS	l agent and file	il applicable. (I	NOTE Registere	d Agent		red when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTO	RS IN 12
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Information and cated on this arrival report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of 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 Biflick 13 if changed, or on a state-thment with an address.

ARRELL, PRESIDENT