FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000043127 (6)

		ING, INC.	JU4	13127 (0)								
Principal Place of Business SUITE \$44 FT LAUDERDALE FL 33308			4	Mailing Address 4831 NW 31 AVE> -SUITE 244				-				
									3. Date incorporated or Qualified 06/06/1995		ale of Last Fid 25/1996	eport
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	1 0-1	·····	plied For
1 101425 OURLEAS / twy			26						65-0585067		No	t Applicable
Suite, Apt. #, etc.			27						5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	ly & State KBY LARGO FLOWIDA						LDA		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24 330				33037	30 Cc	Country 30			This corporation has liability for Florida Statutes	Yes [⊒ No	. 199.032,
9, Name and Address of Current Registered Agent							10. Name and Address of New Registered A					
INGENITO, GREGORY F. -4691-NW-91-AVENUE-						6	Name					
SUITE 244							82 Street		ess (P.O. Box Number is Not Accept OUGRCEAS HIDGHWAY	able) ## 8	29	
		DALE FL 33309.				83	1 23.34	-	COURT ONE HERMITE	1	31. ž	
•							City	EY LARGO FL 85			85 Zip (Code p.3.7
11. Pursuant	to the provis	sions of Sections 607.05	02 and	607.1508, Flórida Stat	utes, the	_L abov	e-named	corpo	oration submits this statement for the			
office or r agent. I a	egistered aç m familiar w	gent, or both, in the Stati ith, and accept the oblig	e of Flor gations (rida. Such charige was of, Section 607.0505, F	s authoriz Florida St	ed by atulo	y the corp s.	oratio	oration submits this statement for the on's board of directors. ↓ hereby acc	ept the app	ointment as	registered
SIGNATURE 1	10n	eca tolar	Com	AR GRECE	ORY 1	7	NGE	11:	d whon ronstating)	4/21/	97	
12.	Signature, types	OFFICERS AN	ALT LUISE	folif appticable (NO	D1E : Register	red Age	ent signature	require	d when re-installing) ADDITIONS/CHANGES TO OFF			S IN 12
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NAME		O, GREGORY F			1.2	NAME						
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CITY-ST-ZIP		DEBDYTE ET 35500			1.4	CITY - S	S1 - 7/P	_Ki	EY LARKO, FLORIDA	330	37	
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14. 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 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 Block 13 if changed, or on an attachment with an address.