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COR	Profit Poration Jal Report		FLORIDA DEPAR Sandra B. Secretary	Mortham	_	1997 8: tary of S	
	1997		DIVISION OF CORPORATIONS			uny or S	late
	MENT # <b>F</b> TCH, INC.	950000546	651 (1)		1 20 German 110 Paulus Abels Abels Karl	n dáll feiði knif filli fnil s	iler (1901-1940)
Principal Place	e of Business	Mailing	Address				
20 INTERNATIONAL PARKWAY SUITE 176 AKE MARY FL 32746 120 INTERNATIONAL PARKWAY SUITE 176 LAKE MARY FL 32746-5033					3. Date Incorporated or Qualified 3a. Date of Last Report		
					07/14/1995	05/01/1996	
2. Phricipal Pi	lace of Business	26. Mail	ing Address		4. FEI Number 59-3325519	······································	oplied For of Applicable
Suite, Apt	#, etc	Suite 27	e, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & State	0	City	& State		6. Election Campaign Financir	9\$5.00	May Be
<b>3</b>   Ζιρ	Cou	ntry Zip		Country	Trust Fund Contribution 8. This corporation has liability	for intangible tax under s	to Fees 199.032,
s	9. Name and Add	29 dress of Current Registered	and the second se	30	Ftorida Statutes 10, Name and Address of New	Yes No	
JEN	ININGS, LYNN			81 Name			
	INTERNATIONAL   TE 176	PARKWAY		82 Street Ad	dress (P.O. Box Number is Not Acce	ptable)	
	E MARY FL 32746	3		83	₩₩₽ <sup>₩</sup> ,		
				84 City	<u></u>	FL 85 Zip	Code
11. Pursuant office or r	to the provisions of S egistered agent or b	ections 607.0502 and 607.15 oth, in the State of Florida, Su	08, Florida Statute uch change was a	as, the above-named co uthorized by the corpor	rporation submits this statement for a termination is board of directors. I hereby a	he purpose of changing i	ts registered
SIGNATURE	_	ame of registered agent and tills if appli	icatile, (NOTE	Registered Agent signature req		he purpose of changing i ccept the appointment as DATE	
SIGNATURE 1 <b>2.</b> IITE	Stgnuture typed or printed r	anic of registered agent and tille if appli OFFICERS AND DIRECTOR	icatile, (NOTE	Registered Agent signature req 13. 1.1 TITLE		he purpose of changing i ccept the appointment as DATE	
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SIGNATURE 2. ITTE IME INEET ADDRESS ITY-ST-ZIP	Signative typed or printed r PVST JENNINGS, LYN	In Contract	catile. (NOTE IS ]] DELETE 176	Registered Agent signature reg <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	uired when reinstating)	he purpose of changing i ccept the appointment as DATE FFICERS AND DIRECTOF	RS IN 12
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