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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000055389 (7)

DOCUMENT #

1. Corporation Name

	ESTMENTS, INC.							
rincipal Place o	of Business	Mailing Address			ı (881198) ile iğiği ğilik asılı salı	14 4 5 111 8 4 18 1 8 11 8 1		1114 1211 1 93 1
•	NUE SOUTH. SUITE 300	400 FIFTH AVENUE SOU	TH. SUITE 300					
C/O AMERICAN	CONSULTING, INC.	C/O AMERICAN CONSUL NAPLES FL 33940	LTING, INC.					
NAPLES FL 339	140	NAPLES FL 33540		3.	Date incorporated or Qualified 07/17/1995	3a. Date o	of Last Rep	oort
. Principal Plac	ce of Business	2a. Mailing Address		4.	FEI Number		——	pplied For
Trinsport C	,	26			65-0628436			ot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5	Certificate of Status Desired			Additional equired
City & State		City & State		6	Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
7.4	Country	28 Zip	Country	8	. This corporation has liability for	or intangible tax	under s	199.032,
Zip }	25	29	30		Florida Statutes	es 🔀 No		
L	9. Name and Address of Cur	rrent Registered Agent			. Name and Address of New			
	MARIA NICKEL, P.A.			Stroot Address I	TNER F;	table)	<u>u</u> -	
NAPLES F	1 AVENUË SOUTH, #200 FL 33940		83	700 7	1000,000,000	, <u> </u>		
			84	City		FL	85 Zip	Code
				Napl.	to the state of the same and the same about	numana of obse	aging its re	9 Y &
	ed agent, or both, in the State of the high and accept the obligations of, the state of the stat	0502 and 607.1508, Florida Statute Florida. Such change was authorize Section 607.0505, Florida Statutes	s.	President	directors. I hereby accept the a	ppointment as	=	agent. I am
IGNATURE _	Signature, typed or printed name of registered	120: 9 0 N. 1:11 761		signature required when	near-state(o)	DATE		
•		agent and the mappilicable (195	TE: Régistered Agent s	signature required wife.	70 D.O			
		S AND DIRECTORS	TE: Régistered Agent s	signature required with	ADDITIONS/CHANGES TO C			RS IN 12
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