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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

P95000056060 (3)

DIVERS Principal Place of 4290 LAKERII MELBOURNE	DGE DRIVE	NC.	<u>-</u>	Mailing Address  4290 LAKERIDGE DRIVE MELBOURNE FL 32834									
									3. Date Incorpora 07/17/19		3a. Date	e of Last	Report
2. Principal Plac	e of Busines	s	28	a. Mailing Address					4. FEI Number				Applied For
Cuto Ant 4	olo.		26	·					59-33	27507			Not Applicable
Surte, Apt. #,		·	27		С.				5. Certificate of S			Fee	5 Additional Required
Zip		Coulobs	28						6. Election Camp Trust Fund Co	ntribution		Add	00 May Be ed to Fees
i)	2	Country 5	29	Zip ]	30	Country	ý		8. This corporation Florida Statute	_		ax under:	s 199.032,
·	·	nd Address of			[30]	J	· · · · · ·		10. Name and Ac		7	Agent	
				<del>-</del>		81	Na	ne				- igotit	
	VAY, DAVI					82	Ctr.	ot Addre	ess (P.O. Box Number	ric Not Accords	blo)		
4290 LAKERIDGE DRIVE									and it is not	i is not Accepta	uid)		
MELBOU	JRNE FL 3	2934				83				· · · · · · · · · · · · · · · · · · ·		· · · · · ·	
						64	City	,				85 2	Zip Code
							1				FL		•
ignature.	a la accept	the obligations c	ii, section du	7.0000, Florida Stat	tutes.				ation submits this state d of directors. I hereby	ement for the pu y accept the app	rpose of cha pointment as	anging its registere	registered offic d agent. I am
SIGNATURE SE	a la accept	printed name of registe	ii, section du	r.coco, Florida Stat	(NOTE Reg	istered Ager 13. 1.1 TITLE			when reinstating:	ement for the pu y accept the app HANGES TO OF	rpose of characteristics of char		ORS IN 12
SIGNATURE S <sub>S</sub>	a la accept	printed name of registe	red agent and title	rappicable CTORS	(NOTE Reg	13. 1.1 TITLE 1.2 NAME	n) signal	ure required	when reinstating:		rpose of characteristics of char	DIRECT	ORS IN 12
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SIGNATURE: WHITE AND TYPED OR BY TED NAME OF SIGNING OFFICER OR DIRECTOR DI