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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068262 (1)

FILED Mar 31 1997 8:00am Secretary of State

| Principal Price of Business Mailing Address 1510 8TH AVE. WEST 708 64TH AVENUE DR. WEST PALMETTO FL 34221 BRADENTON FL 34207-5355 | | | | | | | | |
|---|---|---|---|--|---|--------------------------|---------------------------------------|--|
| | | | | | 3. Date Incorporated or Qualified 09/01/1995 | | nte of Last 01/1996 | |
| 2. Principal | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | · · · · · · · · · · · · · · · · · · · | Applied For |
| 21 | | 26 | | | 65-0608101 | | | Not Applicable |
| Suite, Apt | t.#, eld | Suite Apt. #. etc. | | | 5. Certificate of Status Desired | | V V | Additional Required |
| City & Sta | 150 | City & State | | | 6. Election Campaign Financing | | | May Be |
| 3 | | 28 | | } | Trust Fund Contribution | | | o may be d to Fees |
| Ζ·p | Country | Zip | Country | | 8. This corporation has liability for | ntangible | tax under | s. 199.032, |
| 4 | 25 | 29 | 30 | | Florida Statutes | Yes [|] No | |
| | 9. Name and Address of Curre | nt Registered Agent | | | IO. Name and Address of New Re | gistered . | Agent | |
| | K, TANYA | | 81 Nar | ne | | | | |
| | 8 64TH AVENUE DR. WEST ADENTON FL 34207 | | 82 Stre | et Address | (P.O. Box Number is Not Acceptab | ole) | | |
| Dru | ADENTON PL 34207 | | 83 | | | | | |
| | | | | | ······ | | T | |
| | | | 84 City | | | FI. | | p Code |
| office or agent I SIGNATURE | I to the provisions of Sections 607 05 registered agent, or both, in the Stat am familiar with, and accept the oblig | u2 and 607.1508, Florida Statule of Florida Such change was gations of Section 607.0505, Fl | tes, the above-ham authorized by the orida Statutes. | ned corpora corporation | ation submits this statement for the p 's board of directors. I hereby accep | ourpose of of the app | changing cintment a | is registered |
| | Signature, typed or printed name of registered as | | | | | | | |
| | | | E. Registered Agent sign | ature required v | | DATE | DIDEOTO | 200 1140 |
| | OFFICERS AN | ND DIRECTORS | 13. | ature required v | stren reinstating) ADDITIONS/CHANGES TO OFFICE | | | |
| TITLE | OFFICERS AN | | | ature required v | | | DIRECTO | |
| TITLE NAME | OFFICERS AND PLEX, EDWARD A | ND DIRECTORS | 13. 1.1 TITLE | | | | | |
| TITLE NAME STREET ADDRESS | OFFICERS AND PLEX, EDWARD A | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME | | | | | |
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