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| - | PROFIT PORATION | | FLORIDA DEPARTI Sandra B. | | Feb 11 | 1997 8:00an |
| | AL REPORT | | Secretary | of State | Secret | ary of State |
| 1997 | | | DIVISION OF CORPORATIONS | | | |
| DOCUN 1. Corporation | MENT # P | 95000073 | 3267 (3) | | | |
| | N MAINTENANC | E CO. | | | | |
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| rincipal Place of Business | | Ma | Mailing Address | | | IST WARRANT THE OFFICE AND AND A CONTRACTOR |
| 143 Charlema (Ey largo fl | | | 3 CHARLEMAGNE BLVD Y LARGO FL 33037-3233 | | | |
| | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| Principal Pla | ace of Business | 28 | Mailing Address | | 09/20/1995 4. FEI Number | 04/15/1996 Applied For |
| 1] | | 26 | NEN ADDR | rks | 65-0621104 | Not Applicable |
| Suite, Apt. (2 | #, elc. | 27 | Suite, Apt. #, etc. | WBA LAND | 5. Certificate of Status Desired | See Required |
| City & Stato |) . | ······································ | City & State MIAMI | EL | 6. Election Campaign Financing | \$5.00 May Be |
| 3 Zip | Cour | 28 | Zip | Country | Trust Fund Contribution 8. This corporation has liability for | |
| | 9, Name and Add | 29 Iress of Current Regis | | Monste | Florida Statutes 10. Name and Address of New R | Yes No |
| | GEON, VIOLET | ······ | | 81 Name | | |
| | Charlemagne Bi Largo FL 33037 | LVD | | 82 Street Add | Iress (P.O. Box Number is Not Accepta | ible) |
| | | | | 83 | ······································ | |
| | | | | | | |
| 11. Pursuant to office or re | o the provisions of Se sgistered agent, or be | ections 607.0502 and 6 oth, in the State of Florid | 07.1508, Florida Statutes da Such change was au | 84 City the above-named corpora | poration submits this statement for the | FL 85 Zip Code purpose of changing its registered apt the appointment as registered |
| office or re agent. I an SIGNATURE | agisteried agent, or be m familiar with, and a Signature typed or protect na | octions 607.0502 and 6 oth, in the State of Flori coopt the obligations of me of registered agent and the OFFICERS AND DIREC | da Such change was au Section 607.0505, Flori Happlicable INOTE- CTORS | s, the above-named corr thorized by the corpora da Statutes. Registered Agent signature requ 13. | ition's board of directors. I hereby acce | PL purpose of changing its registered opt the appointment as registered |
| office or re agent. I an SIGNATURE 12. | egistered agent, or be in familiar with, and a Signature typed or protection D | oth, in the State of Florid coopt the obligations of me of registered agent and the OFFICERS AND DIREC | da Such change was au Section 607.0505, Flori Happicable INOTE | , the above-named cor thorized by the corpora da Statutes. Registered Agent signature requ | ition's board of directors. I hereby accu | Purpose of changing its registered apt the appointment as registered DATE ICERS AND DIRECTORS IN 12 Change Addition |
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