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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State 05-17-1999 90082 007 ***150.00

•	MENT # P9500(NCOUNTERS, INC.	. i	. /				
							<u> </u>
Principal Place	of Business	Mailing Address					
1663 PEBBLE BI	EACH BLVD.	PO BOX 610	130				
GREEN COVE SPRINGS FL 32043 DOCTOR'S INLET FL 32030		~~		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
		Add			10/10/1995 4. FEI Number	Ap	plied For
2. Frincipal Flace of Business		2a. Mailing Address			59-3338042		t Applicat
Suite, Apt. a	# atc	Suite, Apt. #, r1c.			5. Certificate of Status Desired	\$8.75 A	
	, cic.	27					<u> </u>
City & State		City & State		6. Election Campaign Financing	\$5.00 Added t		
3		28	Country	<u> </u>	Trust Fund Contribution	ar Internible	
Zip	Country	Zip	30		Personal Property Tax.	∐Yes	□No
4	9. Name and Address of Curre	29 ant Registered Agent			10. Name and Address of New Regist	ered Agent	
	g. Name and Address of Curr	ent (tegistered rigett	81	Name *			,,
TAYLOR, DEBBIE I			82	82 Street Address (P.O. Box Number is Not Acceptable)			
1663 PEBBLE BEACH BLVD.							
GREF	EN COVE SPRINGS FL 32043		83				·
			84	City		FL 85 Zip (Code
_			the above	e-named col	rporation submits this statement for the purpo tion's board of directors. I hereby accept the	changing Ita	registere
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	te of Florida, Such changs was	authorized by	the corpora	rporation submits this statement for the purpo- ction's board of directors. I hereby accept the	appointment as re	disteren
	- familiar with and accent the utility						
agent. I a	m laitiniai with, and accept the sens	gations of, Section 607.0505, F	IONOA Statutes	3.			
agent. I ai		gationa (it, costion exists)			ired when reinstaling) DA	TE	***************************************
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