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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081538 (7)

FILED Apr 15 1998 8:00am Secretary of State

		CIATES, P.A.										
Principal Place of Business 1800 WINCHESTER ROAD NO ST. PETERSBURG FL 33710 US			Mailir	ng Address]				101 1011 1001
				1800 WINCHESTER ROAD NO ST. PETERSBURG FL 33710 US			DO NOT WRITE IN THIS SPACE					
								3. Date Incorporat		-		
								10/20/1995	<u> </u>			
2. Principal P	Place of Busin	ess	F	lailing Address				4. FEI Number				oplied For
21 Suita Ant	N -4-		26	4 #				59-333897	75			ot Applicable
Suite, Apt.	₩, etc.		—	uite, Apt. #, etc.				5. Certificate of St	atus Desired			Additional equired
City & Stat	ie.		27 Ci	ity & State				8. Election Campa	ion Financiae			
23			28	,, & 5.0.0				Trust Fund Con				May Be to Fees
Zip		Country	Zi	ip	Cour	ntry		8. This corporation				
24		25	29		30	-		Personal Prope				No
		and Address of Curren		ed Agent				10. Name and Add			Agent	
ST	OCK, SHAP	ON L				81	Vame					
		STER ROAD NO			ŀ	82 5	treet Addre	ss (P.O. Box Number	is Not Accept	able)		
		JRG FL 33710										
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					1	84 (City				85 Zip	Code
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office or a agent. I a	registered ag am familiar wi	ons of Sections 607.050 ent, or both, in the State th, and accept the obligi	02 and 607. of Florida. ations of, S	.1508, Florida Sta Such change wa section 607.0505,	atutes, the ab as authorized . Florida State	oove-n d by th utes.	amed corpo e corporation	oration submits this st on's board of director	s. I hereby acc	ept the ap	pointment as	registered
office or agent. I a									atement for the s. I hereby acc		pointment as	registered
SIGNATURE		or printed name of registered age	ent and tille if ap	pplicable. (h	NOTE: Registered			d when reinstating)		DATE		
SIGNATURE	Signature, typed		ent and tille if ap	pplicable. (N	NOTE: Registered	Agent s				DATE	ID DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed	or printed name of registered age OFFICERS ANI	ent and tille if ap	pplicable. (h	NOTE: Registered	Agent s		d when reinstating)		DATE		
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.