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PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: When L. Coates & Signature and Typed on Printed Name of Signing Offices of Braceton

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

1996 DOCUMENT # P9500081884

		Mailing Address 5954 PIPES ROAD BARTOW FL 33830			
				Date Incorporated or Qualified 10/23/1995	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEt Number	Applied For
Suite, Apt	# atc	26		59334078	Not Applicab
2	. m, 610.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
3		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for its corporation as the state of the state o	Added to Fees
4	25 Name and Address of Com-	29	30	Florida Statutes X Yes	□No
	9. Name and Address of Curr	ent Hegistered Agent	Ad N	10. Name and Address of New R	legistered Agent
COATE	S, RICHARD JR		81 Name		
	PES ROAD		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
BARTO	N FL 33830		83		
			84 City	_	85 Zip Code
I1. Pursuant or registe famil:ar w	to the provisions of Sections 607.050 red agent, or both, in the State of Floith, and accept the obligations of, Sei	02 and 607.1508, Florida Statul orida. Such change was authorized ction 607.0505. Florida Statute	tes, the above-named corporation's boases	pration submits this statement for the purpard of directors. I hereby accept the appo	
SIGNATURE 2.	Signature, typed or printed name of registered age OFFICERS A	ction 607.0505, Florida Statutes	tes, the above named corporated by the corporation's boas. OTE: Registered Agent signature require 13.	ed when reinstaling)	pose of changing its registered officintment as registered agent. I am
SIGNATURE 2.	Signature, typed or printed name of registered age OFFICERS AI	Ction 607,0505, Florida Statutes	S. OTE: Registered Agent signature require	The state of the spec	pose of changing its registered office pose of changing its registered office pointment as registered agent. I am DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. ITLE IAME	Signature, typed or printed name of registered age OFFICERS AI COATES, RICHARD JR	often 607.0505, Florida Statutes oftend title Pappication (NO DIRECTORS	S. OTE: Registered Agent signature require 13.	ed when reinstaling)	pose of changing its registered officintment as registered agent, I am
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11. Pursuant or registe familiar w SIGNATURE 2. ITLE IAME ILHEET ADDRESS ITY-SI-ZIP ITLE	Signature, typed or printed name of registered age OFFICERS AI COATES, RICHARD JR	often 607.0505, Florida Statute: oftend this Pappicabo (NA ND DIRECTORS DELETE	S. OTE: Riogistered Agont signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ed when reinstaling)	pose of changing its registered office pose of changing its registered office pose. I am DATE CERS AND DIRECTORS IN 12
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