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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

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Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90060 001 \*\*\*150.00

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000085156

NAP DUFAULT/ORGANIZATION EDUCATOR, INC.

incinal Place of Business	Mailing Address				
ncipal Place of Business	8669 SW 55TH STREET				
9 SW 55TH STREET FOR S	COOPER CITY FL 33328		DO NOT WRITE IN TH	IS SPACE	
FER OIL FE SOUR					
<u>;</u>			3. Date Incorporated or Qualifed		
			11/06/1995	T 7 8 15	ad For
P. J. J. Diverse of Respinsors	2a. Mailing Address		4. FEI Number	1-1-1-	ed For
Principal Place of Business	26		65-0654589		pplicable
	Suite, Apt. #, etc.		a iii a af Otatus Dogirod	<b>\$8.75</b> Add	
Suite, Apt. #, etc.	· 🛏 · · ·		5. Certificate of Status Desired	Fee Requ	ired
13	27		6. Election Campaign Financing	\$5.00 M	ay Be
City & State	City & State		Trust Fund Contribution	Added to	
	28	0 -1	This corporation owes the current year	Intangible	
Zip Country	Zip	.Country		Yes C	]No
25	29 30	0	Personal Property Tax.  10, Name and Address of New Register		
Name and Address of Curre	ent Registered Agent		10, Name and Address of New Register		
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DUFAULT, NAP.C	and the property of the proper	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
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•		84 City		85 Zip Co	ae
		<u> </u>		of changing its re	enistered
Description of Sections 607.0	502 and 607,1508, Florida Statutes,	, the above-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the statement for the purpose in the statement for th	pointment as regi	stered
office or registered agent, or both, in the Sta	te of Florida. Such change was auth	horized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap-	•	
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	gations of, Section 607.0303, Fiona	IA GILLIOIO			
Ţ,	AIOTE P.	Terretorne Agent signature requir	red when reinstating) DATE		
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