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**PROFIT** CORPORATION ANNUAL REPORT

1997



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FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Sandra B. Mortham

## **FILED** Apr 25 1997 8:00am Secretary of State

AMERIC	-	Mailing Address 6330 PINEHILL RD UNIT 2 PORT RICHEY FL 34688-673	8			
				3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Re 05/01/1996	port
2. Principal F 21 633	Place of Business 30 Pinehill Rd	2a. Mailing Address 26 6330 Pu	wehill Rd	4. FEI Number 59-3360852	<del>                                      </del>	plied For Applicable
Suite Apt.	#, qlc	Suite, Apt. #, etc.	L	5. Certificate of Status Desired	□ \$8.75 A	dditional
22 UN Culy-8, Stat	tot - I	City- State	-1-01	6. Election Campaign Financing	\$5.00	<u> </u>
23 101	"T Richely, FI		chey, FI	Trust Fund Contribution	Added to	Fees
24 346	68 25 TASCO	34668	a TASCO	8. This corporation has liability for Florida Statutes	intangible tax under s.  SYes  No	199.032,
	g. Name and Address of Currer			10. Name and Address of New Re	glatered Agent	
719	NTZ, SANDRA J 1 HARBORVIEW LN AINOLE FL 34848		83	iress (P.O. Box Number is Not Acceptab		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	84 City	poration submits this statement for the p	FL 85 Zip C	registered
-	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was at ations of, Section 607,0505, Flor	uthorized by the corpora rida Statutes.	ation's board of directors. I hereby accept	of the appointment as f	registered
SIGNATURE	Signature, typed or printed hame of registered age	en and tille if applicable (NOTE	Rogistered Agent signature requi	ired when reinstating)	DATE	
SIGNATURE	Signature, typied or printed name of registered age OFFICERS AN	err and tille if applicable (NOTE) D DIRECTORS	Registered Agent signature requi		DATE CERS AND DIRECTORS	3 IN 12
SIGNATURE  12.  TILLE	Signature, lyced or printed name of registered age OFFICERS AN	en and tille if applicable (NOTE	Registered Agent signature requi	ired when reinstating)	DATE	
SIGNATURE	Signature, typied or printed name of registered age OFFICERS AN	err and tille if applicable (NOTE) D DIRECTORS	Registered Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTORS	3 IN 12
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SIGNATURE  12. THEF NAME STREEL ADDRESS	Signature, lyced or printed name of registered age OFFICERS AN D HEINTZ, SANDRA J 7191 HARBORVIEW LN	err and tille if applicable (NOTE) D DIRECTORS	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating)	DATE CERS AND DIRECTORS	3 IN 12
SIGNATURE  12. THEF NAME STREEL ADDRESS CITY-ST-ZIP	Signature, lyced or printed name of registered age OFFICERS AN D HEINTZ, SANDRA J 7191 HARBORVIEW LN	eer and tille if applicable (NOTE D DIRECTORS DELETE	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating)	DATE CERS AND DIRECTORS [] Change	S IN 12
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information 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 an 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.

0453497