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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000096785 (7)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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V2.	ON CORPORATION							
rincipal Place of	f Business	Mailing Address			-	BEINT BRAID (BIND)	Milli ibādi tard	il Sitt innt
230 NORMANDY CIRCLE 230 NORMANDY CIRCLE								
PALM HARBOUR FL 34683 PALM HARBOUR FL 34683				Date Incorporated or Qualified 3a. Date of Last Report 40/03/14005			orl	
		1 00 14:7 Address			12/22/1995 4. FEI Number		Ap	plied For
Principal Plac	e of Business	2a. Mailing Address			59-3352	356		t Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	M	\$8.75	
Suite, Apr. #,	•	27				_^	Fee Re	<u> </u>
City & State		City & State			Election Campaign Financing Trust Fund Contribution		□ \$5.00 Added	
		70	Country		8. This corporation has liability for	or intangible ta	x under s 1	99.032
Ζıp	Country 25	Ζφ 29	30		Florida Statutes 🔲 Y	es 🔲 No		,
	9. Name and Address of Currer		1551		10. Name and Address of New	Registered A	Agent	
			81	Name				-
C T CORE	PORATION SYSTEM		82	Street Addr	ess (P.O. Box Number is Not Accept	table)	na tia tili s	d (11)
1200 SQL	JTH PINE ISLAND ROAD					373601	<u> </u>	112
	ON FL 33324		83		****	233.75	****	33.75
			84	City		Fi	85 Zp	Code
tamilar witi	n, and accept the boligations of Sec	a control application (C	holls Boystere Ag		ration submits this statement for the rid of directors. I hereby accept the a statement when remarking a when remarking ADDITIONS/CHANGES TO C	 ĎĀ't		
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I do hereby certify that the information supplied with this filing is votuntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the 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 each; that I am an officer or director of the comporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, of on an attachment with an address.

SIGNATURE: ...

GOFFIDER OF DIRECTOR