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PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000098053 (8) DOCUMENT #
1. Corporation Name

Principal Place of Business Mailing Address 1568 MAIN STREET DUNEOIN FL 34698 Mailing Address 1568 MAIN STREET DUNEOIN FL 34698							
				3. Date Incorporated or Qualified 12/29/1995	L	of Last Rep	
2. Principal Plac	ice of Business	2a. Mailing Address	الم عصور عاد	4. FE1 Number EQ. 27 C2 C T7	,		pplied For ot Applicable
1 Contract to	Late	26 2960 LE Suite, Apt. #, etc.	EIGURECH	59-3353677			Additional
Suite, Apt. #	, etc	27		5. Certificate of Status Desired			equired
City & State		City & State		6. Election Campaign Financing			May Be
3		28 ALM HAK	BOR, FL	Trust Fund Contribution			to Fees
Zip	Country	211682	Country 30	8. This corporation has liability for i	intangible tax \ No	cunders	199.032,
4	9. Name and Address of Curre	29 39 4-600	130	10. Name and Address of New R		gent	
			81 Name				
DRIS MIC	CHAEL E ESQ.		82 Street Addr	ress (P.O. Box Number is Not Acceptab	iie)		
	INELLAS AVENUE		82 Shock ricks	reat Address (F.O. Dox Harries is Not Notificate)			
	SPRINGS FL 34689		83				
			84 City			85 Zip	Code
				ration submits this statement for the pur	FL		
familiar wit							
OCCUPATION	Signature, typed or printed for no of registers augre OFFICERS AI	equatricità (NO NO DIRECTORS	Tr. Registered April schieber region	ol who to enable ADDITIONS/CHANGES TO OFF		··	
SIGNATURE	OFFICERS AI	र दान की दर्भत संसद्धा र जरण प्रश्लिक	13. 1 1 Till LE		ICERS AND	DIRECTOR	RS IN 12
SIGNATURE	OFFICERS AI D AKTSALIS, JOHN	equatricità (NO NO DIRECTORS	13. 1 1 TILE 1.2 NAME		ICERS AND	··	<u></u>
SIGNATURE	OFFICERS AF D AKTSALIS, JOHN 2980 LEISURE COURT	equatricità (NO NO DIRECTORS	13. 1 1 THLE 1.2 NAME 1 3 STREET ADDRESS		ICERS AND	··	<u></u>
SIGNATURE	OFFICERS AI D AKTSALIS, JOHN	ELIMINATARIT AM RECTORS DELETE	13. 1 1 THUE 12 NAME 13 STREET ADDRESS 14 CRY-S1-ZIP		ICERS AND	Change	<u></u>
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recommends with the information supplied with this statutes. Further certify that the information indicated on this satural report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporal my 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 charged, or man attachment with an address.

SIGNATURE:

APR.30.96