## FILE NOW: FILING FEE AFTER MAY 1 15 \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

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May 06 1997 8:00am	1									
Secretary of State										

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, ,	,,,,,	1 FL	330	15				3. Date Incorporated or Qualifie	d Sa. Da	te of Last R	leport	
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5utc Apt	# etc		21	Suite, Apt.	<u>、                                    </u>	<u> </u>		65-B			ot Applicable Additional	-
22								5. Certificate of Status Desired	_ 🗆		equired	
City & State						Pr .		6. Election Campaign Financing \$5.00 May Be				
<b>23</b> Zip		Country	28	Zip		Country		Trust Fund Contribution  8. This corporation has liability:	or intangible I		to Fees	┨
24		25	21		35 3		رعر	Florida Statutes	Yes [	No		
		and Address o	JKO7			B1 Nam	ne	10. Name and Address of New	Registered A	gent		1
Josi	C-1-11				. 1	<b>82</b> Stre	et Addres	ss (P.O. Box Number is Not Accep	table)	<del></del>	····	-
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11. Pursuant i	to the provis	ions of Sections	607 0502 and	607.1508, Flor	ida Statutes.	the above-nam	ed corpor	ration submits this statement for th	A purpose of	changing it	is registered	1
agent La	em familiariw	th, and accept t	lie obligations	of Section 607	.0505, Floric	a Statutes	\	n's board of directors. I hereby ac	sept the appr	"IUTIOITE &S	registered	
SIGNATURE		or printed harm of ice	estered agent and t	ite d appl-cable	(NOTE F	Ragisterea Agent sigha	iture required	when reinstating)	DATE			į
12.	م جسرا	OFFIC	ERS AND DIR		OFLETE	13.	1	ADDITIONS/CHANGES TO OF	FICERS AND			96/6)
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nformatio	on indicated (	ori tuis annual re	port or Bupple	mental annual	report is true	and accurate a	and that m	n Section 119.07(3)(i), Florida Stat ny signature shall have the same le as required by Chapter 607. Florid	oal effect as	if made und	der oath: that	
Fam an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Black 12 or Block 13 if changed a on an attachment with an eddress.												
SIGNAT	URE:	<i>- (</i> l	M V	VW				3-17-9	7			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Ptione #