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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600007426

1. Corporation Name

FLORIDA	A HURRICANE PROTECTION	N INC.									
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Principal Place	e of Business	Mailing A					1				
27060 S.W. 120 AVENUE/ROAD 27060 S.W. 120 AVENUE/RO											
MIAMI FL 33032 MIAMI FL 33032								DO NOT W	RITE IN THIS	SPACE	
							3.	Date Incorporated or Qualife			
	•				-			01/19/1996	~~		ł
2 Principal P	Place of Business	2a. Mailin	a Address				_	FEI Number		An	plied For
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Suite, Apt.	# oto	26 Suite	Apt. #, etc.				+'	00 0000000		\$8.75	
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24	9. Name and Address of Curren	29		<u></u>				Name and Address of New	Registered		
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cou	Jrnoyer, Robert										
	50 S.W. 120 AVENUE/ROAD			8	82 Street Addre		ess (P.	O. Box Number is Not Acce	ptable)		ļ
MIAMI FL 33032				i e	3				_		
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						City			FL	85 Zip (ł
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	02 and 607.150	8, Florida Statutes	the abo	ve-na	amed corpo	oration	submits this statement for the	ne purpose of	changing its	registered
office of f	registered agent, or both, in the State	or Florida, Suc	n change was auti	nonzea r	ov me	corboratio	ហទួយល	ard or directors. I hereby acc	whi inc appoi	inneur as rei	giatered 1
agent, I a	im familiar with, and accept the obliga	ations of, Sectio	n 607.0505, Florid	ia Statuti	es.						
	•	ations of, Sectio	n 607.0505, Florid	ia Statuti	es.			•			
agent, I a SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicab	le. (NOTE; R			nature required	when re	einstating)	DATE	· ·	
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SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ant and title if applicab	le. (NOTE; R	egistered A	gent sig		when re	einstating)	DATE	· ·	
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath; that I am an officer or director of the corporation or the receiver or make 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS