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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000008251** (6)

## FILED May 27 1997 8:00am Secretary of State

1. Corporation Name ANJO ASSOC., INC.  Principal Place of Business B011 49TH STREET NORTH PINELLAS PARK FL 34685  Mailing Address B011 49TH STREET NORTH PINELLAS PARK FL 34685											
						1	3. Date Incorpo 01/26/1996	rated or Qualified	3a, [	Date of Last	Report
2. Principal Pla	ace of Business	2a. Mailing	Address			- 1	, FEI Number			A	pplied For
21		26					59-3	3 <i>6875</i>	<u> </u>		lot Applicable
Suite, Apt. # 22	), ୧୮୯	27 Suite, A	pt. #, etc.			1	5. Certificate of	Status Desired			Additional Regulred
City & State		City & S	tate				3. Election Cam	paign Financing			May Be
23		28			<del></del>		Trust Fund C				to Fees
Ζφ [[]	Country	Zip		Coun	try	1	•	ion has liability fo		e tax under	s. 199.032,
24	9. Name and Address of Cu	rrent Registered Ag	ent	30		11	Florida Statut  Name and A	es ddress of New F			
DIFARI	IO, JOSEPH W				1 Name						
	49TH STREET NORTH			1	32 Street	Address	(P.O. Box Numb	er is Not Accept	able)		
PINEU	LAS PARK FL 34665			[							
					3						
•				Ī	4 City		·		FL	85 Zip	Code
			change was a	authorized	by the cor	poration's	board of direct	ors. I hereby acc	ept the ap	pointment a	s registered
SIGNATURE	o the provisions of Sections 607 gistered agent, or both, in the S familiar with, and accept the of eigencies beed as pentilal name of registeres	d agent and tille if applicable		E. Registered			en reinstating)		DATE		
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14. I do 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 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.

SIGNATURE:

SIGNA TIPE NO TYPE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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813-546-3020

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