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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

POCUMENT # P96000012422 (7)

Principal Plac 2100 SOUTH (APT. B-A	G TIN, INC.	Mailing Address 2100 SOUTH OCEAN DRII APT. 8-A FORT LAUDERDALE FL 3	•-			
				3. Date Incorporated or Qualified 02/08/1996	Sa. Date of Last R	Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For
21 /50	7 N. FED. Hwy	26 Cuito Ant # ata		65-0640512		of Applicable
22 Suite, Apr	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & Stat	to	City & State	······································	6. Election Campaign Financing		May Be
23 FT. L	AUDERDALE, FL. Country	28		Trust Fund Contribution		lo Fees
		Zip	Country 30	8. This corporation has liability for Florida Statutes	intengible tax under s ☑ Yes ☐ No	. 199.032,
24 333	9. Name and Address of Curre	nt Registered Agent	[30]	10. Name and Address of New Re		
DIC	KENS, MARY E		81 Name			
210	O SOUTH OCEAN DRIVE		82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)	
	r. 8-A		25			
FOF	RT LAUDERDALE FL 33316		83			
			84 City		FL 85 Zip	Code
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statu o of Florida Such change was	tes, the above-named cor authorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of changing li pt the appointment as	ts registered registered
SIGNATURE	Signature, typical or printed mame of registered ag	ont and title if applicable (NO	TE Registered Agent signature requ		DATE	
SIGNATURE	Signature, typied or printed name of registered ag OFFICERS AN	iont and title if applicable (NO)	TE Registered Agent signature requ		DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE	Signature: type of or printed name of registered ag OFFICERS AN	ont and title if applicable (NO	TE Registered Agent signature requ	uifed when reinstating)	DATE	RS IN 12
SIGNATURE 12.	Signature, typied or printed name of registered ag OFFICERS AN	iont and title if applicable (NO)	TE Registered Agent signature requirements 13.	uifed when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME	Signature: type of or printed name of registered as OFFICERS AN DICKENS, MARY E	iont and title if applicable (NO ID DIRECTORS DELETE	TE Registered Agent signature requirements 13. 1.1 Title 1.2 NAME	uifed when reinstating)	DAYE CERS AND DIRECTOR Change	RS IN 12
SIGNATURE 12. THE NAME STREEL ADDRESS CITY ST-ZIP TIFLE	OFFICERS AND DICKENS, MARY E 2100 SOUTH OCEAN DRIVE	iont and title if applicable (NO ID DIRECTORS DELETE	18. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	uifed when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
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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 eath; 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.

FILED

May 13 1997 8:00am

Secretary of State

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