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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1, Corporation Name P96000013433 (3)

FILED May 05 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 115 \$ SUNSET BLVD GULF BREEZE FL 32561 INC. Mailing Address 115 \$ SUNSET BLVD GULF BREEZE FL 32561 GULF BREEZE FL 32561										
							3. Date Incorporated or Qualified 02/09/1996	3a. D	ate of Last	Report
2. Principa F	Place of Business	2a. Ma	iling Address				4. FEI Number		17	Applied For
21		26					59-3362106			ot Applicable
Suite Apt	# etc:	Sui 27	ie, Apt. #, etc.				5. Certificate of Status Desired	K		Additional Required
City & Stat	te	City	/ & State				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution			to Fees
	Country	Zip			untry		8. This corporation has liability for	intangible	tax under No	s. 199.032,
24	25 9. Name and Address of Curr	29	d Agent	30	т		Florida Statutes 10. Name and Address of New Re			· · · · · · · · · · · · · · · · · · ·
LAL		ent nogratora	u Agont	••	B1	Name	10. Walle Bill Address of New A	-Bistoi BO	v April	
	tczynskyj, joseph 5 s sunset blyd								· · · · · · · · · · · · · · · · · · ·	
	LF BREEZE FL 32581				82 Street Add		dress (P.O. Box Number is Not Accept a	ible)		
40	D DUFFER I F OFFICE				83					
						· · · · · · · · · · · · · · · · · · ·		**************************************		
					84	City		FL	85 Zq	o Code
		sta of Elorida C	Sico, riorina otato	authoriae	and ha	the perper	ation's based of directors. I becoby and			
office or agent. La SIGNATURE	registered agent, or both, in the Ste arn lamiliar with, and accept the obli- Separate typed or protest name of registeres.						rporation submits this statement for the ation's board of directors. I hereby accelulated when reinstating?	DATE	oiniment a	is registered
	Signature, typed or printed name of registered.		licable (NO		ed Age			DATE		
SIGNATURE	Special typed or printed name of registered. OF FICERS A	agent and title it app	licable (NO	1E: Register	ed Age		ulred when reinstating)	DATE		DRS IN 12
SIGNATURI 12.	Special typed or printed name of registered. OF FICERS A DP MYTZCYNSKYJ, JOSEPH	agent and title it app	licable (NO RS	1E: Register 13.	ed Age		ulred when reinstating)	DATE	D DIRECTO	DRS IN 12
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14. I do hereby certily 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 tarn 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.