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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000014932 (3)

MEMORY ONE, INC.

FILED Feb 04 1997 8:00am Secretary of State



	n of Dun once	Admiliar Address			BRIDI MONI DIVID INCON IKING MAN 2004
Principal Place		Mailing Address			
7077 S. TAMIAMI TRAIL SARASOTA FL 34231 SARASOTA FL 34231 SARASOTA FL 34231-5571					
				3. Date incorporated or Qualified 02/06/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6416	PALKLAND DRIVE	26 6416 FAR	KLAND DLIVE	•	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	<u></u>	6. Election Campaign Financing	\$5.00 May Be
		28 SALASOM	, Fh	Trust Fund Contribution	Added to Fees
Zip ∷T ≯./১.	Country	Zip	Country	8. This corporation has liability for in	
24 547	9. Name and Address of Currer	29 34743	30 USA	Florida Statutes 10. Name and Address of New Rec	Yes No
		ir uadistatan wasiir	81 Name		
)K, VIKKI ' S. Tamiami trail			KICHARO L. ZOVS	OVICH
	ASOTA FL 34231		82 Street Ad	Idress (P.O. Box Number is Not Acceptabl	e)
OMN	NOUTA FE STEST		83	W BYIC TALKLAND ON	
			84 City	Germa	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statuti	es, the above-named co	proporation submits this statement for the po	mose of changing its registerer
office or r	egistered agent, or bette in the State	of Florida. Such change was a	authorized by the corpor	ration's board of directors. I hereby accept	t the appointment as registered
	im ramiliar with, and accept the oolig.	ations or, Section 607.0505, Pic	orida Statutes.		L. dan
SIGNATURE	Signature lyped of an red name of registered agr	on; and tile if applicable. (NOT)	Registered Agent signature red	cuired when rainstating)	DATE
SIGNATURE 12.	Signature Typed of Total and Tegistered ago OFFICERS AN		Registered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
			13.	ADDITIONS/CHANGES TO OFFICE	
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4. To thereby certify that the information supplied with this him globs not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, Horner certify that the information indicated on this annual report or suppliemental annual root 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 SIGNATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/97 941/751-3336