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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandrø B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029614 (0)

FILED May 12 1997 8:00am Secretary of State

Principal Plac	ID HARBOR DRIVE	Mailing Address 320 NEWFOUND HARBON MERRITT ISLAND FL 328					
				3. Date incorporated or Qualified 04/03/1996	d 3a , Date	of Last R	leport
	lace of Business	2a. Mailing Address		4. FEI Number	1		optied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	······································	59-3435044			ot Applicable Additional
22		27		5. Certificate of Status Desired	LJ '	Fee Ro	
City & Stal-	0	City & State		6. Election Campaign Financing	r		May Be
23 Zip	Country	7 _{ip}	Country	Trust Fund Contribution 8. This corporation has liability for			to Fees
24	25	29	30	Florida Statutes	Yes X	x under s No	. 188.032,
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New F	Registered Ag	ent	
CORPORATION SERVICE COMPANY			81 Name	RARD P FLOYD	ı		İ
	1 Hays Street Lahassee FL 32301		82 Street Addi	ress (P.O. Box Number is Not Accept	iable)	سيردا و	
IAU	PANAOOFF LF 25201		83	O NEWFOUND HARE	DUK _ PK	IVE	
			84 Cily			85 Zip	Code
			MEL	RRITT ISLAND	- L.	"₹:	フタピクー
Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the above-named corr	noration cultimite this statement for the	a purpose of ch	ianging il	ls registered
office or r	registered agent, or bott 🖛 the State o	of Florida. Such change was	authorized by the corporal	tion's board of directors. I hereby acc	cept the appoin	itmont as	registered
	registered agent, or both in the State of im familiar with, and second the obligat	of Florida, Such change was itions of, Section 607,0505, F	authorized by the corporationida Statutes.	poralion submits this statement for the tion's board of directors. I hereby acc	cept the appoin	itmönt as	registered
office or r agent. I a SIGNATURE	Signature, typed or printed named registered agen	it and title if applicable (NO	authorized by the corporal lorida Statutes. Of Registered Agent signature requir	ired when reinstating)	pAtt		
SIGNATURE	Signature, typed or printed narroy Techsiered agen OFFICERS AND	nt end title if applicable (NO DIRECTORS	DTF Registered Agent signature requirements		DATE FICERS AND D	IRECTOR	IS IN 12
SIGNATURE 12. TITLE	Signature Typer of printed name of registered agen OFFICE RS AND	it and title if applicable (NO	13. 1.1 TILE	ired when reinstating)	DATE FICERS AND D		RS IN 12
SIGNATURE 12. TITLE NAME	Signature Typer of printed name of registered agent OFFICE RS AND D FLOYD, G P	t wid title if applicatile (NO) DIRECTORS DELETE	13. 1.1 THLE 1.2 NAME	ired when reinstating)	DATE FICERS AND D	IRECTOR	RS IN 12
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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 it 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)I changed, or on an attachment with man address.

CICMATUDE.

SPORTATE DI CONTE

1/22/02

407-454-3474