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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600034354 (6)

EXHIBITRON INC.

FILED May 12 1997 8:00am Secretary of State



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Principal Place		Mailing Addres					86164 11111 61658	11121 61111 6161 1661
4249 L. B. MCL ORLANDO FL 3		4249 L. B. MCLEOD ROAD ORLANDO FL 32811-5616				·		
						3. Date Incorporated or Qualified 04/17/1996	3a. Date of	Last Report
1	flace of Business	28. Mailing Add	ress			4. FEI Number 59-343369 0		Applied For Not Applicable
Suite, Apt	#, etc.	Suite. Apt.	#, etc.		······································	Certificate of Status Desired	1 1	8.75 Additional
City & State	e	City & State				Election Campaign Financing		Fee Required 5.00 May Be
23 Zip	Country	28 Zip		Country	·	Trust Fund Contribution 8. This corporation has liability fo		Added to Fees
24	25	29	30]			Yes No	
	9. Name and Address of Curre	ont Registered Agent				10. Name and Address of New R	egistered Agen	ıt
BUC	X, ROBERT			81	Name			
	9 L. B. MCLEOD ROAD			82	Street Add	ress (P.O. Box Number is Not Accepta	able)	
	ANDO FL 32811			02	STOOL AGG	ress (F.O. box number is not Accepte	xDie į	
				83				
				84	City		FL 85	Zip Code
44 Discourant	to the eremeione of Continue 607.06	02 and 607 1509 Ela	rida Ctatutaa	the shows	named sou	paration subselfs this statement for the	Purpose of obe	nging its registered
	am familiar with, and accept the oblig	gations of, Section 60	7.0505, Florida	a Statutes.	rie corpora	poration submits this statement for the tition's board of directors. I hereby according	apt the appoint	IN AS TOUISTARDO
SIGNATURE	and the second of the second o							· · · · · · · · · · · · · · · · · · ·
	Signature Typed or printed name of registered a		(NOTE Re		eignature requi	ired when reinstating)	DATE	ECTORS 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 oath; that I am an officer or director of the corporation or the receiver or trustee embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-30-97

407-843-2535

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