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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000044637 (2)**1. Corporation Name

FILED Mar 28 1997 8:00am Secretary of State

Selection Devices Marking Address SARASOTA FL 3422 28 SARASOTA FL 3422 28 28 Salar S	FIXTURE										
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2. Plancipal Place of Business 2a, Mailing Address 4. ER Number Applied For	SARASOTA FL	34232	SARASOTA FL 34232-4836								
Supplied							05/24/1996	3a. Da	e of Last R	eport	
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24	City & State	e	├ ┐ ′				,				
AMERILAWYER CHARTERED 333 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 ALMERIA AVENUE CORAL GABLES FL 33134 84 City FL 85 Zip Code 11. Pursuant to the previsions of Sections 607 0507 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. Tam femilies with, and accept the obligations of Section 607 0505 Florida Statules. SIGNATURE 12. OF INCR'S AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF INCR'S AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF INCR'S AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF INCR'S AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. IN THE COMPANY OF THE	Zip	Country		Cou	untry					199.032,	1
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 80 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered effect or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered security and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of, Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of Section 607 0505, Florida Statutes. SIGNAT URI STATE Submits and accept the obligators of Section 607 0505, Florida Statutes. SIGNAT URI STATE ADDRESS SIGNAT URI STATE	24					·					
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### City ### Expressions to the provisions of Sociens 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered signal agent of the ching o						Street Addre	555 (F.O. DOX NORIDALIS NOT Acceptab	10)			
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1. Passaurit to tice previsions of Sections 607.0002 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registrored agent, or both, in the State of Florida, Statules. SIGNATURE					84	City		FI	85 Zip (Code	1
12		to the previsions of Sections 607.050 egistered agent, or both, in the Stale in familiar with, and accept the oblig)? and 607.1508, Florida Statut of Florida, Such change was ations of, Section 607.0505, Fl	les, the a authorize orida Sta	bove- d by tutes.	named corporation	oration submits this statement for the pon's board of directors. I hereby accept		changing it sintment as	is registered registered	
TITLE	SIGNATURE.	Signature typed or purifical name of registered age	ent and title if applicable (NOT	E: Registere	id Ageni	t signature require	od when reinstating)	DATE			
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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	CITY-ST-ZIP	by certify that the information eventor	d with this filing does not quali				in Section 119 07/3\/i) Florida Statute	s I further	certify that	the	\dashv

. Lot hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j). 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 oriector 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 phynged, or on an interpretable with an address.

SIGNATURE:

SIGNATURE AND TYPEGOTH RINTED NAME OF SIGNING OFFICER OF DIRECTO

3-25-97 941-371-484

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