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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUME	ENT#	P96000	046534	(9)

FILED May 15 1997 8:00am Secretary of State

Principal Place of Business 1102 NORTH FLAGLER AVENUE HOMESTEAD FL 30030			1102 NORTH	Mailing Address 1102 NORTH FLAGLER AVENUE HOMESTEAD FL 33030-4907						
							3. Date Incorporated or Qualifie 06/03/1996	3a. C	ate of Las	st Report
2. Principal Pi	lace of Business		2a. Mailing	Address			4. FEI Number		13/	Applied For
1)			26		1				<u> </u>	Not Applicabl
Suite, Apt	#, etc		Suite, Ap	ot. #, etc.			5. Certificate of Status Desired		v	5 Additional Required
City & State	9		City & Si	late			6. Election Campaign Financing Trust Fund Contribution	, 0		00 May Be led to Fees
7ip 4	25	ountry	Zip		Country	у	This corporation has liability Florida Statutes	for intangible		
11		ddress of Curre	ent Registered Ag	ent	1301		10. Name and Address of New			
RALI	TERRIE				81	Name				
BALL, TERRIE 1102 NORTH FLAGLER AVENUE HOMESTEAD FL 33030				8			ddress (P.O. Box Number is Not Accep	otable)		
					84	City		FL	85 2	Zip Code
11. Pursuant	to the provisions of	Sections 607.05	02 and 607 1508, e of Florida, Such	Florida Statu	ites, the abov	/e-named c	orporation submits this statement for the	ne purpose o	of changin	ig its registered
SIGNATURE.	to the provisions of egistered agent, or in familiar with, and Signature Imped to protect	Traine of registered ac	jent and title if applicable		TE: Registered Ag		orporation submits this statement for the ration's board of directors. I hereby acquired when reinstating)	DATE		
SIGNATURE.	Sage white Typed or portled	Traine of registered ac	gent and title if applicable	. (NO	TE: Registered Ag			DATE	D DIRECT	ORS IN 12
SIGNATURE 12. UILE	Signature Typed or printed	Traine of registered ac	gent and title if applicable		TE Registered Ag 13. 1.1 TITLE	gent algnature re	quired when reinstating)	DATE		ORS IN 12
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4. 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 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 allachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

pul 25/1997 Date Daytime Phone #