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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050301 (6)

FILED Apr 24 1997 8:00am Secretary of State

CIMOUN	NE FUNDING COMPANY			!		
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Principa: Place	of Business	Mailing Address			BENY 64014 2016 91411 91402 1414 91	
280 Panama Ri Winter Spring		PO BOX 195614 WINTER SPRINGS FO	i. 32719-5614			
				3. Date incorporated or Qu 06/12/1996	palified 3a. Date of Last	Report
	ace of Business	2a. Mailing Address	1. 01	4. FEI Number 59-3384	. / 9	pplied For
12250 Suite, Apr		26 2250 Suite, Apt. #Jete	# 202	5. Certificate of Status Des	sired \$8.75	lot Applicable Additional Regulred
2 City & State	te stace	City & State	7 202	. 6. Election Campaign Final		May Be
3 Went	Ter Tark	28 Winter	Fart _	Trust Fund Contribution		to Fees
Žiρ 1 277	89 COUNTRY ANGE	E 20 32789	30 Dane	8. This corporation has liab	oility for intangible tax under	s. 199.032,
1 201	9. Name and Address of Curren		30 Elan	Florida Statutes 10. Name and Address of	Yes X No	
hnp	CEAN, MICHEL	in the ground of the ground	81 Name			
	PANAMA RD. EAST		82 Stree	Address (P.O. Box Number is Not A	uccentable)	
	TER SPRINGS FL 32708			Tradition (1.0. Dox 110. Dox 110. To 1		
			83			
			84 City		FL 85 Zip	Code
11 Purcuant t	to the provisions of Sections 607.050	00 - 4 COZ 4500 51-44-			for the purpose of changing	ite registered
	OCO, 100 CHOUSE OF SCHOOL FOR	iz and 607,1506, Fiorida	Statutes, the above-name	o corporation subthits this statement	for the purpose or changing	ita tafaisiaian
office or re agent 1 ar	egistered agent, or both, in the State m tambiar with and accept the oblig	of Florida. Such change ations of, Section 60 7/ 05	Statutes, the above-name was adhorized by the co 05. Fordia Statutes.	rporation's board of directors. I hereb	by accent the appointment a	s registered
	egistered agent, or both, in the State m familiar with and accept the obliging the state of the	of Florida. Such change attons of Section 607:05	Me side	d corporation submits this statement rporation's board of directors. I heret	7/2	s registered
SIGNATURE	Eliginature, typind or printed name of return ered ago	On: and title if applicable	NOTE Registered Agent signatu	re required when redistating)	DATE / 17	<u> </u>
SIGNATURE	MICHEL 100	On: and title if applicable	NOTE Registered Agent signstu	re required when redistating)	7/2	77 RS IN 12
SIGNATURE 12.	Capitature, typical or printed name of reference ago OFFICERS AN	on: and title if applicable D DIRECTORS	NOTE Registered Agent signiful 13.	re required when redistating)	DATE O OFFICERS AND DIFIECTO	77 RS IN 12
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information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam an officer or director of the corporation or life 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 some an attachment with an address.

SIGNATURE

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHEL DORCEAN

4/17/57 599-077