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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600056243 1. Corporation Name

PALILIS LICHORS INC

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90195 009 ***150.00

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Principal Place	e of Business	Mailing Address	3			3 100 1100 1100 1100 1100 1100 1100 110	ditin ante trat	
19016 BRUCE B DOWN BLVD. TAMPA FL 33647			19016 BRUCE B DOWN BLVD. TAMPA FL 33647			DO NOT WRITE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·
						3. Date incorporated or Qualifed 07/01/1996		
2. Principal Pl	lace of Business	2a. Mailing Add	ress			4. FEI Number	A	pplied For
21		26				59-3385988	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	t, etc.			5. Certificate of Status Desired		Additional equired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23	-	28				Trust Fund Contribution		to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year Int	angible	
24	25	29	30	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr					10. Name and Address of New Registered	Agent	
				81	Name			
	DLAS, PAUL 16 BRUCE B DOWN BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	PA FL 33647			83				
				84	' '	FL	. I L	Code
office or re agent. I ar	to the provisions of Sections 607.0t egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such char	nde was auth	iorizea by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing it ntment as r	egistered
office or re agent. I ar	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such char gations of, Section 607.	nge was auth .0505, Florida	orized by a Statutes	the corporati	red when reinstating) DATE		
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14. I 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 suppliemental 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 attachment with an address, with all other like empowered.

SIGNATURE:

Date