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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT#	P96000057862	(0)

o sin at Dinas	CORPORATION		failles Address						
Principal Place of Business Mailing Address 301 JOLIET ST 8301 JOLIET ST					,				
UDSON FL 34667 HUDSON FL 34667-3548					·				
						3. Date Incorporated or Qualifi	ed 3a. Da	le of Last Re	eport
					······································	07/08/1996	l		
Principal Pl	lace of Business	سنسا	, Mailing Address			4. FEI Number			plied For
College And	M	26	Suite, Apt. #, etc.			Applied for			t Applicable
Suite, Apt 1	#, e(C.	1-3	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State	P	27	City & State			A Floation Companies Financia			
ony or onare		28				6. Election Campaign Financin Trust Fund Contribution	" D	\$5.00 Added (
Zip	Country	[20]	Zip	Countr	у	8. This corporation has liability			
	25	29		30		Fiorida Statutes	☐ Yes [700.002,
	9, Name and Address of	f Current Regi	stered Agent			10. Name and Address of Nev	v Registered /	Agent	
KON	IIG, DARRYL E			81	Name				
	1 JOLIET ST			8:	Street Add	iress (P.O. Box Number is Not Acce	intable)		
HUD	SON FL 34667								
				8	3				
				84	City		·	85 Zip (Code
•				1			FL	1111	
Pursuant t	to the provisions of Sections	607.0502 and 0	607 1508, Florida Statu	ites, the above	ve-named cor	poration submits this statement for talends to a statement of directors. I hereby a	he purpose of	changing it	s registered
agent La	egistered agent, or both, in tr m familiar with, and accept th	rie State of Flor he obligations (ida, such change was of Section 607 0505. E	lorida Statute	y the corpora	ition's board of directors. I hereby a	ссері іне аррі	omument as	registered
				IOTOG OLUTOR	35.				
•	•		01, 0001011 007.0000, 1	iona otalok	35.				
SNATURE	Signature, typed or printed name of reg	stered agent and till	le if applicable (NC			ared when reinstating)	DATE		
NATURE	Signature, typed or profed name of reg OFFICE		lo if applicable (NC	TE: Registered A	gent signature requ		DATE		S IN 12
SNATURE F	Signature typed or printed name of reg OFFICI	stered agent and till	le if applicable (NC	TE: Registered A	gent signature requ	ared when reinstating}	DATE	DIRECTOR Change	S IN 12
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F I	D KONIG, DARRYL E 8301 JOLIET ST	stered agent and till	lo if applicable (NC	13. 1.1 TITLE 1.2 NAME	gent signature requ	ared when reinstating}	DATE		S IN 12
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SIGNATURE

Parry & Koning

4/27/91 813-862-1917

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May 06 1997 8:00am

Secretary of State

MARGANIA