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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077945 (9)

FILED Mar 06 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address				-		***************************************	I INDIINALI IID INULA BILIK NAMU DOMA DOMI BELIK IBAK IBAK NAMU HIDI BILIK IBA	ı	
1525 PENNSYLVANIA AVE ST CLOUD FL 34769				1525 PENNSYLVANIA AVE ST CLOUD FL 34789-4449					
							3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1996		
2. Principal P	2. Principal Place of Business		2a	2a. Mailing Address			4. FEI Number Applied F	or	
21 Suito Ast	Suite, Apt #, etc.		26	Suite, Apt. #, etc.			59- 3406322 Not Appli		
Suite, Apr. #, etc.			27	-			5. Certificate of Status Desired Fee Regulred		
City & State	e		28	City & State			6. Election Campaign Financing \$5,00 May B Trust Fund Contribution Added to Fees		
Zip		Country		Zip	Country	/	8. This corporation has liability for intangible to under s. 199.0.	32,	
24 25 9. Name and Address of Curren			ent Begi	stered Agent			Florida Statutes Yes V No 10. Name and Address of New Registered Agent		
MH			on nega	ploted Agont	81	Name			
MURRAY, MARK T 1525 PENNSYLVANIA AVE				82 Street			Address (P.O. Box Number is Not Acceptable)		
ST CLOUD FL 34769					83				
							Del 7: Code		
					84	'	FL 85 Zip Code		
11. Pursuant office or ragent 1 a	to the provis registered aç ım familiar w	ions of Sections 607.0 jent, or both, in the Sta ith, and accept the obt	502 and € ate of Flori ligations o	607.1508, Florida Statu ida. Such change was of, Section 607.0505, Fl	tes, the abov authorized b lorida Statute	e-named y the corp s.	d corporation submits this statement for the purpose of changing its regist reporation's board of directors. I hereby accept the appointment as registed	tered ered	
SIGNATURE	F-10-11-11-11-11-11-11-11-11-11-11-11-11-							, ,	
1	Signature type:	for printed name of registered a	agent and tile	e if applicable. (NO	TE Registered Ag	ent signature	e required when reinstating) DATE		
12.	Signature types	or printed name of registered. OFFICERS A		CTORS	13.	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
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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 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 attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED

MAD WINDER

3/2/97

(107)891-1171