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STROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## <sup>1</sup> 1997

DOCUMENT # P96000079769

Interstate Commodity Express, Inc.

## May 29 1997 8:00am Secretary of State

Principal Place of Business		Mailing Address						
					3. Date Incorporated or Qualified	3a. Da	te of Last F	Report
					9/25/96	⊥		
2. Principal Place of Business	rerr no.	Mailing Address			4. FEI Number		A	pplied For
n 303 Lake Isis Av	re 26	P. 0. Box	817		59-3400017		N-	ol Applicable
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	_		5. Certificate of Status Desired			Additional equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
3 Avon Park, FL	28	Avon Park			Trust Fund Contribution			to Fees
Zip Cour	· · · · · · · · · · · · · · · · · · ·	Zip	Count	ry	This corporation has liability for			. 199.032,
24 33825 25	USA 29	33826	30  US	:A		Yes [		
9. Name and Add	ress of Current Regi	stered Agent	. 8	1 Nome	10. Name and Address of New Re	gistered A	\gent	<del></del>
			.   0	1 Name				
Eugene C. Wright 269 Cumquat Road, NE				2 Street Ad	dress (P.O. Box Number is Not Acceptal	ble)		
				3				<del></del>
Lake Placid, FI	33852						Ta-1 3	
			8	4 City		FL	85 Zip	Code
11. Pursuant to the provisions of So	ections 607.0502 and 6	607.1508, Florida State	utes, the abo	ve-named co	rporation submits this statement for the patients board of directors. I hereby acce	ourpose of	changing i	ts registered
Office of registered agent, or by	and the other of the				and to bear a or an edicional interesty acces	the allegates	Jinto Honri Co	registered
agent. I am familiar with, and a	ccept the obligations of	of, Section 607.0505, F	lorida Statut	es.				
SIGNATURE	ocept the obligations of	of, Section 607.0505, f	Florida Statut	es.	μι (Ed when reinstating)	DATE	·	
SIGNATURE Signature, typed or printed no.	inic of registered agent and till OFFICERS AND DIRE	of, Section 607.0505, F	Florida Statut	es.	nred when reinstating)  ADDITIONS/CHANGES TO OFFICE	CERS AND		RS IN 12
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SIGNATURE  Signature: typed or printed no  12.  TITLE  NAME  Eugene C.	OFFICERS AND DIRE	of, Section 607.0505, F	OTE: Registered A  13.  1.1 TITUE  1.2 NAM	es. gent signature req		CERS AND		
SIGNATURE Signature, typed or printed in  12.  TITLE NAME SIREET ADDRESS CITY-ST-ZIP Lake Placi	OFFICERS AND DIRE	of, Section 607.0505, First applicable (NC CTORS SIGENT)	TIORIDA STATUT  13.  1.1 TITUE  1.2 NAMI  1.3 STRE  1.4 City	gent eignature reg		CERS AND	Change	☐ Addition
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upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

941-453-3881