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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000080533 (8)

FILED Apr 10 1997 8:00am Secretary of State

Principal Place 12776 MAIDEN BONITA SPRIN	ce of Busines	S	Ma P.O	niling Address BOX 1554 NITA SPRINGS FL 341	33-1554	 .	·						
								3. Date Incorporated or Qualif 09/26/1996	ied 3		of Last	Report	
2. Principa! i	Place of Busin	ness	2a.	Mailing Address			······································	4. FEI Number				Applied Fo	or
21			26					59-3409038	, 			Not Applic	
Suite, Apt	t. #, eta		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	d 🗆)	-	Additional Required	al
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23			28					Trust Fund Contribution	ື 🗆)		d to Fees	
Zip		Country		Zip	Cour	ntry		B. This corporation has liability				s. 199.03	32.
24		25	29		30			Florida Statutes		s 🗆			
		and Address of Curren	nt Regis	tered Agent		221		10. Name and Address of Ne	w Registe	ered A	gent .		
	a, rose m <i>i</i>				l	81	Name						
		CANE LANE GS FL 34135			ļ	82	Street Add	dress (P.O. Box Number is Not Acce	eptable)				
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						84	City			FL	85 Zi	p Code	
agent. I.			ations of	, Section 607.0505, F	lorida Statu	ites	i.	rporation submits this statement for attom's board of directors. I hereby a	ccept an	e appo	ii iti jeta	as register	
		for printed name of registered age	ent and title	d applicable (NC	TE- Registered	Age	nt signature requ	uired when reinstating)	D.	ATE			
12.	Signature, typica	or printed name of registered age OFFICERS ANI			TE: Registered	Age	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO C			DIRECTO	ORS IN 12	,
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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: