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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000082395 (0)

FILED Mar 20 1997 8:00am Secretary of State

Principal Place	ON PLACE CIRCLE STE 435		Address Dynton Place N Beach Fl 33		£ 43 5				
						3. Date Incorporated or Qualified 10/07/1996	3a, Dat	e of Last R	eport
₹. Principal Pt	and of Business	2a. Mailir	ng Address			4 FEI Number		Ap	plied For
1		26				65-0698419			t Applicable
– Sude, Apt ≢ ∄	#, etc	27 Suite	, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State			\$ State			6. Election Campaign Financing		\$5.00	
<u>.</u>		28]				Trust Fund Contribution		Added I	
Zip	Country	, Zφ		Coun	try	8. This corporation has liability for			199.032,
	25 g. Name and Address of Curr	29 ent Registered	Agent	[30]	·	Florida Statutes 10. Name and Address of New Re		No gent	
MILL	ER, ADRIENNE R	on registered	nguit.		I1 Name	10.		901	
	22 BOYNTON PLACE CIRCLE	STE 435	435 82 Street		Street Add	ress (P.O. Box Number is Not Accepta	hle)		
	INTON BEACH FL 33437				Street Add	ress (F.O. Box Normber is Not Accepta			
				8	33				
				ε	4 City			85 Zip (Code
mwa		000 500 400 410	00 Clauda Ctat	tio the she	L	acratics submits this statement for the	FL	obanaina it	n renicleres
		do of Florida, Su	ch change was	authorized	hy tha cornars	tion's heard of directors. I hereby acce	ont the enno	intment as	
agent. Far IGNATURE	m familiar with, and accept the obt	igations of, Sect	юп 607.0505, I	lorida Statu	tes	poration submils this statement for the tion's board of directors. I hereby acce		intment as	registered
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information indirected 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 in 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 allachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A 3/15/97 561735 0310

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