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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087689 (1)

Principal Place of Business 140 S. ATLANTIC AVE. 300 ORMOND BEACH FL 32174 US Mailing Address 140 S. ATLANTIC AVE. 300 ORMOND BEACH FL 32174 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1996	(8) (8) (8) (8)
140 S. ATLANTIC AVE. 300 ORMOND BEACH FL 32174 US 140 S. ATLANTIC AVE. 300 ORMOND BEACH FL 32174 US 140 S. ATLANTIC AVE. 300 ORMOND BEACH FL 32174 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1996	
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ORMOND BEACH FL 32174 US ORMOND BEACH FL 32174 US ORMOND BEACH FL 32174 US 3. Date Incorporated or Qualified 10/22/1996	
10/22/1996	
A ECI Number	Applied For
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For Not Applicable
21 26 59-3410617 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.7	75 Additional
1 F Conditionte of Statue Decired	e Required
	.00 May Be
28 Trust Fund Contribution Add	ded to Fees
Zip Country Country 8. This corporation owes or has paid the current year	
Zip Country US Zip Country 23 Z176 Z5 US Z9 3 Z176 30 US 8. This corporation owes or has paid the current year Personal Property Tax due June 30.	□ No
GALLOWAY, G G	
495 SOUTH NOVA ROAD #102 82 Street Address (P.Q. Box Number is Not Acceptable) 1	2 00
ORMOND BEACH FL 32174 140 STATUTOTIC NVE SOITE	_>00
84 OKMONOBEACH FL 85	Zip Code 32476
OKMONO/2E/147 FL	no its registered
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change office or registered agent, or both is the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with and accept the appointment of Section 607 0505. Florida Statutes.	nt as registered
agent. Lem familier with and accounting stingations of, Section 607 0505, Norlda Statutes.	
SIGNATURE Storpation type Loc pouled name of registrics Lagrage Life of applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OF HICH RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	TORS IN 12
TITLE DELETE 1.1 TITLE Char	nge 🔲 Addition
	ווטטונוטרו באווי
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NAME GALLOWAY, G.G. 12 NAME 12 SAWTOOTH LANE 1.3 STREET ADDRESS ORMOND BEACH FL 1.4 CITY-ST-ZIP TITLE QALLOWAY, CINDY 121 SAWTOOTH LANE 22 NAME 22 NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL DELETE 3.1 TITLE Chail	inge Addition
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14. Thereby 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 of rusteed powered 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 attack in a supplemental annual report of the corporation or the receiver of rusteed powered 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 attack in a supplemental annual report of the corporation or the receiver of rusteed powered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in

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May 18 1998 8:00am

Secretary of State