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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # PORODORS762 (5)

FILED May 16 1997 8:00am Secretary of State

	IGHWAY	Mailing Address 514 S. DIXIE HIGHWAY LAKE WORTH FL 3346	·					İ
					3. Date Incorporated or Qualified 10/26/1996	3a. Date of	Last Report	
2. Principal Pr	ace of Business	2a. Mailing Address		1	4. FEI Number		Applied Fo	or
21 5/6 5	DIXIE HIGHWAY	26 5/6 S. DI	XIE H	16 Hw Ay	66-071104	7[Not Applic	
Suite, Apt. :	#, etc	Suite, Apt. #, etc.		/	5. Certificate of Status Desired	1 1 7 7	1.75 Addition: Fee Required	
City & State	World . H	City & State 28 LAKE WOK	21	11	6. Election Campaign Financing		5.00 May Be	
23 CMP 1=	Country	7ip 7ip	Coo		Trust Fund Contribution 8. This corporation has liability for		dded to Fees	
	3436 25 PACM BEATH	1	30 M	Chy Barts H	Florida Statutes	Yes No		~
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New F	legistered Agent		
	OONATH, MICHAEL R		ł	81 Name				
	KNUTH ROAD, SUITE 248-E		Ī	82 Street Addre	ess (P.O. Box Number is Not Accept	able)		
DUI	NTON BEACH FL 33426		}	63				
			ļ				I 7: 6-4	
			ĺ	84 City		FL B5	Zip Code	- 1
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	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	2 and 607.1508, Florida St. of Florida, Such change wations of, Section 607.0505	atutes, the ab as authorized , Fiorida Statu	ove-named corp by the corporati ites.	oration submits this statement for the ion's board of directors. I hereby acc	purpose of chan ept the appointm	ent as register	ered red
SIGNATURE	to the provisions of Sections 607,0502 egistered agent, or both, in the State of the state of the state of the obligation of the obligation of the state of the obligation of the state of the obligation of the state of the stat			ove-named corp by the corporati ites. Agent signature require	ed when reinstaling)	DATE		
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SIGNATURE 12. TITLE	Signature, Ignat or printed name of registered agen OFFICERS AND FRESIDENT	nt and tillo if applicative () DIRECTORS DELETE	NOTE Registered	Agent signature require	ed when reinstaling)	DATE		
SIGNATURE 12. TITLE NAME	Signature types or printed name of registered agon OFFICERS AND FRESIDENT RAMBHAROSE DAM	nt and tile if applicable () DIRECTORS DELETE	NOTE Registered 13. 1.1 TIT	Agent signature require	ed when reinstaling)	DATE	CTORS IN 12	
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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 or tam 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.