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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094134 (9)

ASSOCIATED PRINTING & GRAPHICS, INC.

FILED Apr 22 1997 8:00am Secretary of State

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i meipart ac	ce of Business	Mailing Addre	ess			I ISTILLER HAID SHIP SHIP STAN STAN STAN			
1116 W. GRANADA BLVD ORMOND BEACH FL 32174		1116 W. GRANADA BLVD ORMOND BEACH FL 32174-5913							
						3. Date Incorporated or Qualified 11/18/1996	3a. Dat	e of Las	Report
	Place of Business	2a. Mailing Ad	dress		····	4. FEI Number .	.l		Applied For
1		26				59-3414176			Not Applicable
Suite, Apt	#, elc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		\$8.7	Additional
2		27				B. Dollingto of Clattor Doors			Required
— City & Sta ∵⊃	de	City & Stat	te			6. Election Campaign Financing			May Be
7 ₍₀)	Country	28 Zip		Country	,	Trust Fund Contribution			d to Fees
4]	25	29		30	,	8. This corporation has liability for in Florida Statutes	Yes [rs. 199,032,
21	9. Name and Address of C			30	~····	10. Name and Address of New Rec		<u> </u>	
Rill	rch, Jonathan Dale			81	Name				
	6 W. GRANADA BLVD			82	Ctroot Ada	fress (P.O. Box Number is Not Acceptable	ia\		
	MOND BEACH FL 32174			62	Street Aud	ress (P.O. Box Number is Not Acceptable	ie)		
				83					
				84	City			96 7	p Code
				04	City		FL	85 Z	p code
agun				ma pratute		poration submits this statement for the pation's board of directors. I hereby accep			
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SIGNATURE	Star at the type the printed name of regime	ed agm; and tile if applicable S AND DIRECTORS		Registered Age		ired when reinstating)		DIRECT	
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recommonly certify manufacture information supplied with this tiling does not quality 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 it 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:

HONATURE AND TYPED OFF PAINS OF AME OF SHOWING OFFICER ON DIRECTOR

4-12-97 904-673-749

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