通子を記述しています。 「「「「「「「」」」」というでは、「「」」「「」」」というでは、「「」」」というでは、「「」」」というできます。「「」」」というできます。「「」」というできます。「「」」というできます。「「」」というできます。「「」」というできます。「「」」というできます。「」」というできます。「「」」」というできます。「「」」」というできます。「「」」」というできます。「「」」」というできます。「「」」」というできます。「「」」」というできます。「「」」」というできままり、「」」というできままり、「」」というできまり、「」」というできまり、「」」というできまり、「」」」というできまり、「」」」というできまり、「」」」というできまり、「」」」というできまり、「」」」というできまり、「」」」というできまり、「」」」というできまり、「」

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COF ANNL	PROFIT RPORATION JAL REPORT <b>1997</b>		Secretar	TMENT OF STATE.  Mortham  y of State  ORPORATIONS		
-	MENT # PS H OF EDEN, INC.	60001003	66 (9)			
Principal Plac	e of Business	Mailing	Address			(1811 <b>- 18</b> 11 - <b>1</b> 11 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 - 111 -
1800 TOM-A-TO LANTANA FL &			1800 TOM-A-TOE RD LANTANA FL 33462-5016			La. Det all ad flower
					<ol> <li>Date Incorporated or Qualified</li> <li>12/11/1996</li> </ol>	3a. Date of Last Report
21 1800		Rd 26 1	ling Address SOO Tom- le, Apt. #, etc.	Atoe Rd	4. FEI Number 65-0723264	Applied For Not Applicable
Sulte, Apt.		27	е, хрт. я, ею.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	HANA T-	<u>(</u> 28 (	& State AN+AN	4 FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
2ip 24 331	VGZ 25 Countr	SA 29 Zip		Country 30 USA	B. This corporation has liability for in Florida Statutes  10. Name and Address of New Reg	Yes No
BEUCKMAN, TROY					ROY R BruckMAI ress (P.O. Box Number is Not Acceptable Tom-A-Toe Ro	J
office or r agent. I a SIGNATURE	egistered agent, or both m familiar with, and accompany R Stonature, typed or printed name	n, in the State of Florida S opt the obligations of, Sec Secular Security and filled app of registered agent and filled app	uch change was as stion 607,0505, Flor Licable (NOTE	ulhorized by the corpora rida Statutos.  Registered Agent signature requ		t the appointment as registered  Local Laboratory  Date
12.	Prox 1/ 0 3	FFICERS AND DIRECTOR	RS DELETÉ	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12  Change Addition
NAME STREET ADDRESS		kman Toe Road	F-1 - 11 - 12	1.2 NAME 1.3 STREFT ADDRESS		Las ottorigo Las y tuttions
CITY-ST-ZIP TITLE	Lantana, P	133462	DELETE	1.4 CHY+S1-ZIP 2.1 THE		Change Addition
MAME STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS		Oldings Assumer
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STREET ADDRESS   CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 City-St-Zip		
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STREET ADDRESS CITY-ST-ZIP				5.3 STREET ADDRESS  5.4 CITY - ST - ZIP		
TITLE NAME			☐ DELETE	6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS  CITY-ST-ZIP  14. I do hereb	ov certify that the inform	ation sumplied with this fill	no does not qualify	6.3 STREET ADDRESS 6.4 City-St-ZiP for the exemption state	d in Section 119.07(3)(i), Florida Statutes	. I further certify that the
informatio I am an ol	n indicated on this annu flicer or director of the c	ial report or supplemental	annual report is truor trustee empower	ue and accurate and tha gred to execute this reportess.	t my signature shall have the same legal rt as required by Chapter 607, Florida St	effect as if made under oath; that alutes; and that my name