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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102699 (1)

CTAS CORP.

## FILED Jan 16 1998 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Certificate of Status Desired \$8.75 Additional	Principal Place of Business	Mailing Address	<u></u>		OTRI ILDII ADIIA ILBIB AIILO LOILD IBII LOGI
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22 3 3 4 3 4 5 5 S. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Name and Address of Sections 507 0502 and 507 1508. Florida Statutes, the above -named corporation's submits this statement for the purpose of changing list registered address (P.O. Box Number is Not Acceptable)  11. Pursuant to the proyelons of Sections 507 0502 and 507 1508. Florida Statutes, the above -named corporation's submits this statement for the purpose of changing list registered address (P.O. Box Number is Not Acceptable)  12. Pursuant to the proyelons of Sections 507 0502 and 507 1508. Florida Statutes, the above -named corporation's submits this statement for the purpose of changing list registered address of the purpose of changing list					
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RS   Ref address   RS   Ref address   RS   Ref address   RS   Ref address   RS   RS   RS   RS   RS   RS   RS	l		. 62 Street Addi	ress (P.O. Box Number is Not Acceptal	310)
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14. Thereby certify that the information supplied with this filling 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 supply mental 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 of the receiver or trustee or trustee are proported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Florida Statutes.	STREET ADDRESS		6.3 STREET ADDRESS		
14. Engreby certify that the information supplied with this filling does not qualify to 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 by signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empty and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, the corporation of the receiver or trustee empty and the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of	CITY-ST-ZIP		6.4 CITY - ST - ZIP	0	4 16 av 2 av 16 av 17 av 27
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