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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000025714**1. Corporation Name

ON THE BANKS OF THE EVERGLADES, INC.

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Principal Plac	e of Business	Mailing Add	dress					1 10011001 110 101	1) 1 <b>46</b> )1 <b>46</b> 111 4	<b>A</b> lii <b>ba</b> tii <b>44</b> 11	# (188) #()	II 1888I	)(@11
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							2 5	Date Incorporated	O NOT WR		SSPAC		
								)3/17/1997	or Qualifeo				
2 Principal D	lace of Business	2a Mailing	Δddraes					El Number			<del>- i</del>	An	plied For
2. Principal Place of Business		2a. Mailing Address				t	59-3449874			L	- <del></del> -	t Applicable	
Suite, Apt.	#. etc.		Apt. #, etc.								\$8		dditional
22		27	<del>                                     </del>				5. C	Certificate of Status	s Desired		•		quired
City & Stat	te	City &	State				6. E	lection Campaign	Financing		\$!	5.00	May Be
23		28					_ т	rust Fund Contrib	oution		A	dded t	o Fees
Zip	Country	Zip		Coun	ntry		8. T	his corporation o	wes the cur	rent year li	ntangible	;	
24	25	29		30				ersonal Property			☐ Ye	s	<b>™</b> No
	9. Name and Address of Current	t Registered A	gent	$\overline{}$			10. N	lame and Addre	ss of New	Registered	Agent		
DIOI.	IADDO DATTI/F			[;	81	Name							
	HARDS, PATTY F			+	82	Street Addre	ress (P.C	D. Box Number is	Not Accept	table)			
	WEST BROADWAY			Ĺ			<u> </u>			<u></u>			
EVE	RGLADES CITY FL 34139		•	1	83								
				ŀ.	84	City					85	Zip (	ode
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<ol><li>Pursuant</li></ol>	to the provisions of Sections 607.0502	2 and 607 1508											
office or r	egistered agent or both in the State of	of Florida, Such	, Florida Statute change was a	es, the ab	ove-l	named corpo	oration s	submits this state	ment for the	e purpose o	if chang intment	ing its as rec	registered sistered
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14. I hereby 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 officeration or the receiver or jrustee empowerfecto execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, oppner attachment with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP