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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mogtham

Secretary of State

DIVISION OF CORPORATIONS

FILED Jun 01 1998 8:00am Secretary of State

1. Corporation			<del></del>					
	MENT # P9700	0044441 (8)	)		+			
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Principal Plac	e of Business	Mailing Address		·	- I INTIIDUL HA INIH INNI NAHI DAHA DAKH DA	lili <b>di</b> lili <b>d</b> ibl	I BIBIN BIBN W	IBBL (BBL
435 10TH AV	/ENUE WEST	POST OFFICE BOX 277	,					
PALMETTO F		PALMETTO FL 34221			DO NOT WRITE	IN TUIC (	CDACE	
					3. Date Incorporated or Qualified	IN THIS	SPACE	
					05/16/1997			
2. Principal Place of Business 2		2a. Mailing Address	2a. Mailing Address		4. FEI Number		TĀ	pplied For
21		26			65-0759045			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional
22		City & Crots					<del></del>	berlupe
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ziρ	Country	7 <sub>(p)</sub>	Cou	ntry	8. This corporation owes or has pa			
24	25	29	30	*	Personal Property Tax due June	_	_ ′ ′	∏ No
	9. Name and Address of Currer				10. Name and Address of New Re		Agent	
MA	APES, REED W			81 Name				
435 10TH AVENUE WEST PALMETTO FL 34221				82 Street Add	eet Address (P.O. Box Number is Not Acceptable)			
				83				
			ļ	84 City		FL	<b>85</b> Zip	Code
11 Durement	to the provisions of Sections 607.060	12 and 607 1508 Florida Statu	iles the at	nove-named cor	poration submits this statement for the p		Changing	its registered
office or r	registered agent, or both, in the State	of Florida, Such change was	authorized	by the corpora	ation's board of directors. I hereby acce	pt the app	ointment as	registered
-	am mamiliar with, and accept the oblig	ations of, Section 607,0505, F	ionda Stati	nes.				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO	If : Registered	Agent signature requ	Itod when rejestating)	DATE		
12.	OLEICERS AN				med with a Bulatering	LIMIL		
16.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		-	
TITLE	DIRECTOR	DELETE	13. 1.1 7()	LF			DIRECTO Change	RS IN 12
TITLE NAME	DIRECTOR FRANK VENDIT	DELETE	1.1 TIT 1.2 NA	ME			-	
NAME STREET ADDRESS	DIRACTOR FRANK VENDIT 4085 SPAULDIN	DELETE TI 6 DR.	1.1 TIT 1,2 NA 1,3 ST	ME REET ADDRESS			-	
NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK VENDIT 4005 SPAULDIN CLARENCE, NY	□ DELETE TI ← DR. . 14031	1.1 7(I 1.2 NA 1.3 ST 1.4 C(I	ME REET ADDRESS Y-ST-ZIP			Change	☐ Addition
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11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DIRECTOR FRANK VENDIT 4005 SPAULDIN CLARENCE, NY DIRECTUR MIKE ROALDI	DELETE TI S DR. 14031 DELETE	1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME			Change	☐ Addition
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11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DIRECTOR FRANK VENDIT 4005 SPAULDIN CLARENCE, NY DIRECTUR MIKE ROALDI	DELETE TI S DR. 14031 DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CII 2.1 TIT 2.2 NA 2.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DIRECTOR FRANK VENDIT 4005 SPAULDIN CLARENCE, NY DIRECTOR MIKE ROALDI 2362 SILVERIDGE WEST LAKE OH DIRECTOR REED MAPES	DELETE TI G DR. '- 14031 DELETE C Rd 44145	1.1 TII 1.2 NA 1.3 SI 1.4 CII 2.1 TII 22 NA 2.3 SII 2.4 CI	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE			☐ Change	Addition
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