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PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000079457

STUTZMAN GROUP INC

3101214	MN GHOOF, INC.				A 18611861 118 1811 18911 88111 8		# 18414 SI BO L A	11(7) (8.5) (8.5)
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Principal Place	e of Business	Mailing Address					in Inici diadi:	BIFIN IUDI FURB
	•	3165 HOMER STREET		•				
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CLEARWATER FL 33760 CLEARWATER FL 33760			•		DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			-
					09/12/1997			
2. Principal P	Place of Business	2a. Mailing Address	•		4. FEI Number		_ 	olied For
21		26			59-3469878			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired.		\$8.75 A	
22	· · · · · ·	27					Fee Red	·
City-&-Stat	le <u></u>	City & State	A STATE OF THE PARTY OF THE PAR		6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	<i>!</i>	8. This corporation owes the cur			anora"
24	25	29	30		Personal Property Tax.			IZīNo
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New	registered A	Aeur	·
e Tir	TZMAN, TOD A	one karaka kabit sabit s	81	Name	·			
\$ 10	HOMER STREET		82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
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			84	- Citv				
11. Pursuant	to the provisions of Sections 607.05i registered agent, or both, in the State am familiar with, and accept the obliga	02 and 607.1508, Florida Statut e of Florida: Such change was a ations of, Section 607.0505, Flo	tes, the above	e-named corporatio	oration submits this statement for the on's board of directors. I hereby acce	purpose of ch pt the appointr		
11. Pursuant office or r cagent. la	am familiar with, and accept the obliging signature, typed or printed name of registered age	ations of, Section 607.0505, FIO	les, the above authorized by orida Statutes Registered Age	e-named corporatio	d when reinstating)	DATE	nanging its ment as reg	registered jistered
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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 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 with all ather like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90031 048 ***150.00