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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106883 ABBONDANZA, INC.

FILED Mar 05, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Add	ress				T I BANKTAN I IN INDIK	10011 0011 00114	BRIST HEIR S	aris Al(S) rarar	1810E (III 10E)
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							3. Date incorporated of	r Qualifed			
							12/19/1997			-	-V-4 F
2. Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number			_ 	plied For
21		26					65-0809434			-	t Applicable
Suite, Apt.	#, etc.		pt#,_etc				5. Certificate of Status	Desired			Additional
22		27									·
City & State	e	City & S	state				6. Election Campaign	-		\$5.00	
23		28					Trust Fund Contribu			Added	to Fees
Zip	Country	Zip		Count	try		8. This corporation ow		nt year Inta		⊠ ₩0
24	25	29		30			Personal Property 1			☐ Yes	E NO
	9. Name and Address of Curre	ent Registered Ag	<u>ent</u>	— 	14 1	<u> </u>	10. Name and Addres	S OT NEW KE	gisterea /	Agent	
000	DODATION CEDUICE COMPAN	v		6	31 1	Name					
	RPORATION SERVICE COMPAN	IT				Street Addres	ess (P.O. Box Number is Not Acceptable)				
	1 HAYS STREET										
TALL	LAHASSEE FL 32301-2525			8	33						{
				9	34 (City				85 Zip	Code
				1	~ `	City			FL		{
office or ∩	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such e	change was a	uthonzed t	by the	e corporation	's board of directors. I he	reby accept	the appoir	itment as re	gistered
J	an lating with, and accept the con-	gations of, occitors	607.0505, Floi	rida Statute	es.						
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J	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE	Registered A	es. gent sig		when reinstating) ADDITIONS/CHANG	ES TO OFF			DRS IN 12
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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 adverse, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dyvine From #

CRZE034 (11/98