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Principal Plac	ce of Business	Maili	ng Address			F TERRENDE HAN ENHAN PRINT DRAFF MONT	is Maria mbatt idhali mbabi tiba	IN THOU DEAT MAN	
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						3. Data Incorporated or Qualifed 08/10/1998			
. Principal F	Place of Business	2a. N	failing Address			4. FEI Number	A	pplied For	_
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Suite, Apt.	. #, BIC.	27	uite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired	
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Zip	Country	Z	ip	Country		8. This corporation owes the curren	nt year Intangible		1
<u> </u>	9. Name and Address	29	3	101		Personal Property Tax. 10. Name and Address of New Re	Yes	□No	4
	DUNER, STEVE SOUTH YONGE STREE	. <del>.</del>		81 Name 82 Street	Addan Addan	e Corduner se (P.O. Box Number is Not Accepted	ole)		4
	OND BEACH FL 32174			83 4D.	5 2	orth house at.			$\dashv$
				84 City		4 4-004	FL 85 3	Code	4
I1. Pursuant	to the provisions of Section	ns 607.0502 and 607.	1508, Florida Statutes	the above-named	corpor	ation submits this statement for the or	urpose of changing it	s recistered	1
office or a agent. I a	registered agent, or both, in im familiar with, and accept	i the State of Florida. I the obligations of, Se	Such change was auti action 607.0505, Florid	nonzed by the corporate Statutes.	nouseno A	s board of directors. I hereby accept		egistered	
SIGNATURE	Signature, typed or presed name of	er. Presider	olicable (NOTE)	Spitianed Agent signature in		araunes	<u> 1-15-99</u>		
12.		ICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFI		ORS IN 12	CR2E034 (11/98)
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5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: X SUCCESSION OF PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

TREET ADDRESS

TREET ADDRESS

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14. It 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 other like empowered.

Change

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The original was sent in January:  after research I do see the the check never cleared.  Please research. I have enclosed the full amount. If any refund is due
Please Send. It was sent on time.  Please call Debbie Zell
to alscuss any issues
904-677-4040 x 315.
Atlantic Communications 59-3530115
Or for a chart by
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