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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 11, 1999 8:00 am Secretary of State

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DOCUMENT # P98000102079

South H	RIVER INVESTMENTS, INC.	•									
Principal Place	e of Business	Mailing Addre	ess				1 (00)(00) ((1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i și a mătă i ii âii a	NIŞE HANI WANI	18010 1916 1001
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			RD FL 32771			ĺ		DO NOT WR	ITE IN THIS	SPACE	
							3. Date Incorpor				
						Į	12/04/1998				- 1
2. Principal Pl	lace of Business	2a. Mailing A	ddress				4. FEI Number				Applied For
21		<u> </u>	30X 4°	مراحزا	ລ.		59-35	55229	3	 	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					181	\$8.75	Additional
22		27					5. Certificate of S	status Desired		_ Fee f	Required
City & State	e	City & Sta	ate				6. Election Camp	oalgn Financing		\$5.00	May Be
23			MORE	oe,	<u> </u>		Trust Fund Co	ontribution		Added	d to Fees
Zip	Country	Zip		Countr	•		This corporation		rent year Int	_	.
24	25	29 3a7		30 <u>Se</u>	<u>mi nou</u>	<u>-E_</u>	Personal Prop		<u> </u>	☐ Yes	⊠ No
	9. Name and Address of Curre	ent Registered Age	nt	8	1 Name		10. Name and A	dress of New	Registered	Agent	
300 S	IENTS, JAMES C SATSUMA DRIVE FORD FL 32771			8:	2 Street	Cas Addres 300	s (P.O. Box Numb	er is Not Accep	table) DEIVE		
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11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, F	iorida Statutes	s, the abo thorized b	hemen-av	COTOOT	ation submits this	statement for the	e purpose of	changing introduction	ts registered registered
agent Lai	m familiar with, and accept the oblid	nations of Section 6	07.0505. Flori	da Statute) ale 2015. S.						
agent. I at	m familiar with, and accept the obliq Course C. C.	gations of, Section 66 Anulala	07.0505, Plori	da Statute	es. 						
agent. I ai	m familiar with, and accept the oblig Carratt C. Cl. Signature, typed or printed name of registered at	gations of, Section 66 Online gent and title if applicable.	07.0505, Plori	da Statute Registered Ag	es. 		then reinstaling)		3-9-0	19	
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CITY-ST-ZIP 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 other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CONTRED E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR