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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S02932

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Feb 15, 1999 8:00am
Secretary of State

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02-15-1999 90009 039 ****150.00

H. R. JO	OHNSON CORP.										
Principal Place	e of Business	Mailing Address) 1011 #3013 D:011 D	(III)I W)BIF IWDI *	
3350 NW BOCA	A RATON BLVD	3350 NW BOCA RATON BL	VD								
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BOCA RATON FL 33431 US		US BOCA RATUN FL 33437	BOCA RATON FL 33431				or Qualifed	ie ilv iilie	OI AGE		1
00		00				09/20/1990	· .				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For	
21		26	<u> </u>			65-0225087			No	t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Statu	o Donirod		\$8.75		
22		27				5. Certificate of Statu	s Desired	<u> </u>	Fee Re	quired	
City & Stat	e	City & State				6. Election Campaign			\$5.00		
23		28				Trust Fund Contril			Added t	o Fees	
Zip	Country	Zip r	Cour	ntry		8. This corporation o		ent year In	-	□No	
24	25 9. Name and Address of Curre		30			Personal Property 10. Name and Addre		Panistared	Agent		
	9. Name and Address of Curre	iit vedisteren våerr		81 N	Name	ig, italie and radio			7.54		
DICK	KENSON, DAVID B.				<u> </u>			11-3			
	N FEDERAL HWY			82 5	Street Addres	ss (P.O. Box Number is	Not Accepta	ible)			
	TE 410		ŀ	83						0.23 (8)	
BOC	CA RATON FL 33432			24	C:4.	<u> 1944.01.4</u>	4 5 (1975)	7	85 Zip 0		
				84 (City	•		FL	_ 85 210 0	, ,	ı
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the at	ove-n	named corpor	ration submits this state	ment for the	purpose of	changing its	registered gistered	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State or familiar with, and accept the obliging Signature, typed or printed name of registered agents.	e of Flonda. Such change was au ations of, Section 607.0505, Flor	ithorized ida Statu	by the ites.	e corporation	ration submits this state 's board of directors. I I when reinstating)	ment for the nereby accep	purpose of the appo	changing its intment as re	registered gistered	6
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office or ragent. I a SIGNATURE 12.	registered agent, or both, in the State um familiar with, and accept the oblig Signature, typed or printed name of registered agent P JOHNSON, HAROLD R. 3350 NW BOCA RATON BLVI.	ent and title if applicable. DELETE DELETE	Registered 1.1 TIT 1.2 NA 1.3 ST	Agent signal LE REET AD	e corporation ignature required v	when reinstating)	ereby accer	DATE	ND DIRECTO	RS IN 12	25034 (41/08)
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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 of 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 attacyment with an address with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTO

1/24/99 (561) 395-3730 Date Dayling Phone #

CR2E034 (11/9