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	PROFIT RPORATION			Mont of State	Apr 16 1	997 8 :0	0am
	JAL REPORT		Secretar	y of State	Secreta	ry of St	tate
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	n Name	11765	(2)		,		
THE HA	VANA CONNECT	lion, ing.			I NAKANA ILI KANALANDI LI KANALANDI ANALA		
Principal Place	e of Business	Mail	ing Address	·			
1413 S HOWAI SUITE 206 TAMPA FL 336	-	SUL	3 S HOWARD TE 206 IPA FL 33606-3191				
	~				3. Date Incorporated or Qualified 11/07/1990	3a. Date of Last R 04/01/1996	eport
2. Principal Pl 21	lace of Business	2a. 1 26	Mailing Address	*** <u>**********************************</u>	4. FEI Number 59-3131722	Ap	plied For of Applicable
Suite, Apt.	#, etc.	the second se	Suite, Apt. #, etc.		5. Certificate of Status Desired	56.75 / Fee Re	Additional
22 City & State	e		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be
23 Zip	Cour	·	Zip	Country	8. This corporation has liability for	intangible tax under s	
24	25 9. Name and Add	29 ress of Current Registe	red Agent	30	Florida Statutes	Yes No	
	TKINS, ALLAN C. E	so		81 Name	· ·		
	9 SWANN AVE Te 215			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
	IPA FL 33606			83			
*	to the provisions of Se	ctions 607,0502 and 607	7.1508, Florida Statute	84 City	poration submits this statement for the	FLI	Code s registered
11. Pursuant I office or r agent. I au SIGNATURE	Stgrutture Typed or pronted na	ctions 607,0502 and 607 th, in the State of Florida ccept the obligations of, in e of registered agent and title if OFFICERS AND DIRECT	applicable. (NOT)		poration submits this statement for the ation's board of directors. I hereby acce wired when reinstating) ADDITIONS/CHANGES TO OFFI	PL	s registered registered
 Pursuant I office or reagent. Fail SIGNATURE 12. 	Stignature alloyed or privited na	n e of registered agent and title if	applicable. (NOT)	es, the above-named cor uthorized by the corpora rida Statutes. Registered Agent signature requ	lifed when reinstating)	PL	IS IN 12
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