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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

9. Name and Address of Current Registered Agent MUAR, LYDIA C. 1513S NIGHTHAWK DRIVE TAMPA FL 33825 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the puror registered agent, or both, in the State of Florida. Such change was eatherized by the corporation's board of directors. I hereby accept the app familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the puror registered agent, or both, in the State of Florida. Such change was eatherized by the corporation's board of directors. I hereby accept the app familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SUBMILITE OFFICERS AND DIRECTORS 11. III.E SCHWARTZ, JONATHAN S. 14117 RIVERSTONE DR 1.3 SIREET ADDRESS 1.4 LOTY - ST - ZP TAMPA FL 1.4 LOTY - ST - ZP TAMPA FL 1.5 LOTY - ST - ZP TAMPA FL DELETE 1.1 III.E SZEQLOWSKI, JOAN M. 2.2 MAME 3.2 NAME 3.3 SIREET ADDRESS CITY - ST - ZP TAMPA FL DELETE 3.1 III.E 3.2 MADDITIONS/CHANGES TO OFF 1.3 SIREET ADDRESS 1.4 LOTY - ST - ZP TAMPA FL DELETE 3.1 III.E 3.2 MADDITIONS/CHANGES TO OFF 1.3 SIREET ADDRESS 4.4 City				
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9. Name and Address of Current Registered Agent MUAR, LYDIA C. 15135 NIGHTHAWK DRIVE TAMPA FL 33625 82 Street Address (P.O. Box Number is Not Acceptant Agent and the fire applicable. Port Projectored agent, or both, in the State of Florida. Such change was eatherized by the corporation submits this statement for the pure or registered agent, or both, in the State of Florida. Such change was eatherized by the corporation's board of directors. I hereby accept the applicant and the fire obligations of Section 507.0505, Florida Statutes, the above-named corporation submits this statement for the pure or registered agent, or both, in the State of Florida. Such change was eatherized by the corporation's board of directors. I hereby accept the applicant is provided agent and title if explicative. SIGNATURE Synature typed or printed name of registered agent and title if explicative. POTE Projectors Agent sequence when removaling. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFITTE TITLE DELETE 1.1 TITLE SZEQLOWSKI, JOAN M. 22 MAWE 13 SIRRET ADDRESS TAMPA FL 14 CITY-ST-ZIP PST SZEQLOWSKI, JOAN M. 22 MAWE 32 SIRRET ADDRESS CITY-ST-ZIP TAMPA FL DELETE 3 1 TITLE DELETE 4 1 TITLE ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE 5 1 TITLE ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE 5 1 TITLE ADDRESS STREET ADDRESS ST			ed to Fees 199.032,	\dashv
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14. Too nereby certify that the information indicated on this annual report or supplemental innual report or supplemental innual report or supplemental innual report is true and accurate and that my signature shall have the oath; that I am an officer or director of the corporation or the poeiver of justic empowered to execute this report as required by Chapter 607, F appears in Block 12 or Block 13 or changed, or on an attachment with an or signature shall have the oath; that I am an officer or director of the corporation or the poeiver of justic empowered to execute this report as required by Chapter 607, F appears in Block 12 or Block 13 or on an attachment with an or signature of the corporation of the corporation or the poeiver of justic empowered to execute this report as required by Chapter 607, F appears in Block 12 or Block 13 or on an attachment with an or signature of the corporation of the corporation of the corporation of the corporation or the poeiver of justic empowered to execute this report as required by Chapter 607, F appears in Block 12 or Block 13 or	e same legal Florida Statul	al effect as lites; and th	if made under hat my name	_