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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$20949

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FILED
Apr 29 1997 8:00am
Secretary of State

Principal Pance of Business Mailing Address 1501 EAST 10TH AVENUE 1501 EAST 10TH AVENUE HALEAH FL 33010-3303 US US					3. Date Incorporated or Qualified 38. Date of Last Report				
						 Date Incorporated or Qualified 12/24/1990 		ate of Last P 28/1996	eport
Principal F	Place of Business	2a. Mailing Addr	ess		····, ································	4. FEI Number			oplied For
,		26				65-0238448		N	ot Applicable
Suite Apt.	. # etc	Suite, Apt. #,	, etc.			5. Certificate of Status Desired			Additional equired
City & Star	te	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Zφ	Country	Zip	C	Country		B. This corporation has liability for			
	25	29	30			Florida Statutes	Yes [No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered	Agent	
	ANG, DAVID A.			B1	Name	•			
	1 E 10 AV LEAH FL 33010			82	Street Add	ress (P.O. Box Number is Not Accept	table)	******	
				83					
				84	City	·		85 Zip	Code
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office or agent 1 a	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such char	nge was authori	ized by	the corpora	poration submits this statement for the tion's board of directors. I hereby accounts	cept the app	ointment as	registered
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4. I do 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that an 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 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 (305) 887-

0115466