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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

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TAD COMPLITER	SYSTEMS	OF N	EW SMY	'RNA I	BEACH,	INC.



the trial Diagon of B		N.A.	iling Address							
116 CANAL ST	Business F. BRACH FL 32168	IVIZ	116 CANAL ST. NEW SMYRNA BEACH	I FL 32166	8			Les Dete	of Last Sc	hood
NEW SMYRNA BEACH FL 32168						3. Date incorporated or Qualified 3a. Date of Last Report 04/26/1995				
							01/14/1991 4. FEI Number	1		Applied For
Principal Place	of Business	28.	Mailing Address				59-3046619		1	Not Applicable
, ,		26						r		Additional
Suite, Apt. #, e	etc.	 	Suite, Apt. #, etc.				5. Certificate of Status Desired			Required
		27	City & State				6. Election Campaign Financing			May Be
City & State		28	City & State				Trust Fund Contribution			d to Fees
	Country	- 20	Zip	Cou	untry		8. This corporation has liability for	intangible ta No	ax under s	199.002
Ζιρ	Country 25	29	-r	30			Florida Statutes Yes 10. Name and Address of New F	Bealstered	Agent	
	9. Name and Address of Curr		stered Agent				10. Name and Address of New C	TO BIOLOGIC		
					81	Name				
MAGG D	ROBERT PAUL				62	Street Addr	ess (P.O. Box Number is Not Accepta	Die)		
116 CAN	NAL ST.				00					
NEW SM	NYRNA BEACH FL 32168				83				05 7	ip Code
					84			FL	_ 1**1	•
						named cores	ration submits this statement for the pird of directors. I hereby accept the ap	-	1 2 2	registered off
familiar wilri,	d agent, or both, in the State of H, , and accept the obligations of, S						x) when renistating) ADDITIONS/CHANGES TO OF	DATE		
	Ignature, typed or printed name or registered a OFFICERS	AND DIRE	CTORS	13	3.		ADDITIONS/CHANGES TO OF	Priorna Air	Change	e Additio
12.	D		☐ DELETE	1.1	1 TITLE					—
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I do hereby certify that the information supplied with this tiling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: