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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # \$27363** 

(8)

## **FILED** May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  4033 SOUTHWEST 2ND COURT CAPE CORAL FL 33914-7859 CAPE CORAL FL 33914-7859									
					<ol> <li>Date Incorporated or Qualifit</li> <li>01/25/1991</li> </ol>		ate of Last F <b>26/1996</b>	Report	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	1 7 11		pplied For	
21		26		·	65-0319247			ot Applicable	
Suite, Apt	ι <b>π, (</b> ειο.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & Ste	ite	City & State			Election Campaign Financin     Trust Fund Contribution	)9 []		May Be to Fees	
Zιρ	Country	Zip	Cou	untry	8. This corporation has liability			s. 199.032,	
24	9. Name and Address of Curr	29	30	1	Florida Statutes  10. Name and Address of New	Yes [			
DIN.	IH, DON VAN	tent Hegistered Agent	<del></del>	81 Name		Luadistatan	Mair	······································	
	IH, DUN YAN 33 SW 2ND COURT							~···	
	PE CORAL FL 33914			82 Street	Address (P.O. Box Number is Not Acce	plable)			
				83					
				84 City			<b>85</b> Zip	Code	
						<u>FL</u>	. 1 1		
agioni I	am familiar with, and accept the ob-	digations of Section 607 0505	s aumonze Florida Sta	ed by the cor	poration's poaro or directors, mereby a	and the same			
SIGNATURE	Signature, typed or printed name of registered	agent and title d applicable (N	OTE: Registere	id Agent signatur	d corporation submits this statement for troporation's board of directors. I hereby a required when reinstating	DATE		~	
SIGNATURE	Signature Typed or printed name of registered	agent and title if applicable (N	OTE: Registera	d Agent signatur		DATE		~	
SIGNATURE	Styrature typed or profest name of registered OFFICERS A	agent and title d applicable (N	OTE: Registere 13.	d Agent signatur	e required when feinstating)	DATE	DIRECTO	RS IN 12	
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information inclicated 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; 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.

04/30/97<sub>Date</sub>

Daytime Prione #

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