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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

COMN	BRITTANY BLVD	Mailing Address 12370 NEW B SUITE 423 FT MYERS FL	3. Date Incorporated or Qualified 3a. Date of Last Report				
Principal Pla	os of Duoinoss	On Mollon Address			3. Date incorporated or Qualified 03/01/1991	05/11/1	995
Timespa Tia	rincipa! Place of Business 2a.		Suite, Apt. #, etc. City & State		65-0244284	├	Applied For Not Applicable
Suite, Apt. #, etc. 27 City & State		Suite, Apt. #, (5. Certificate of Status Desired	1 1	75 Additional e Required
		····			6. Election Campaign Financing \$5.00 May Be		
Zφ	Country	Zip	Countr	у	This corporation has liability for interest.	AUG	d to Fees 199.032,
	25	29	30		Florida Statutes Yes No		
	9, Name and Address of Curre	ent Registered Agent	81	1 Name	10. Name and Address of New Re	gistered Agent	
LUMSD	EN, DENNIS J.						
6700 W	VINKLER RD		82	Street Add	lress (P.O. Box Number is Not Acceptable	<u>}</u>)	
SUITE 1			83	3			
F! MYE	ERS FL 33919		84	City		FL 85 Z	p Code
or registere familiar with	d agent, or both, in the State of Flo i, and accept the obligations of, Se	orida. Such change was a ection 607.0505, Florida S	uthorized by the contactutes.	poration's boa	oration submits this statement for the purporation of directors. I hereby accept the appoin	ose of changing its r ntment as registered	registered offic Lagent: Lam
or registere familiar with GNATURE	d agent, or both, in the State of Flo , and accept the obligations of, Se hard the typed or printed name of registered age OFFICERS A	orida. Such change was a ection 607.0505, Florida S	uthorized by the corplatutes. [NOTE Registered Age 13.	poration's boa	ard of directors. I hereby accept the appoir	ntment as registered	lagent. I am
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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.

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Weomene Tranchi DOMENIC FRANCHI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 332 7513