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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$34287

1. Corporation Name

(0)

SUCCESS PROSPECTING SYSTEMS, INC.

FILED
Apr 18 1997 8:00am
Secretary of State

FIND CHORD FOR		B 4 × 35						- 1 10 B 10 II 10				
	ice of Business		ng Address						- · · · •		·	
1990 BEACH ROAD			19930 BEACH ROAD SUITE 302									
SUITE 302	AND FL 33469	• • • • • • • • • • • • • • • • • • • •	e 302 Ter island fl 3	3469-2830)							
SOFTIER IODA	AND TE SONO	4011	ich lowner ic s					Date Incorporated or Qua 02/25/1991	lified		e of Last	
2. Principal	Place of Business	2a. N	failing Address				4.	FEI Number				Applied For
21		26						65-0244601				Not Applicable
Suite, Apr	L.#, etc	S	uite. Apt. #, etc.					Certificate of Status Desire	o.d		\$8.75	Additional
22		27					0.	Certificate of Status Desire			Fee I	Required
City & Sta	ate	c	ity & State				6.	Election Campaign Finance	ing	_	\$5.0	May Be
23		28	·····					Trust Fund Contribution			Adde	to Fees
Zip	Country	Z	Ίp		Country		8.	This corporation has liabil				s. 199.032,
24	25	29		30				Florida Statutes		Yes [
	9. Name and Address of Cu	rrent Registe	red Agent				10.	Name and Address of N	ew Reg	istered A	gent	
)HEN, DONALD				81	Name						
	930 BEACH ROAD				82	Street	Address (F	P.O. Box Number is Not Ac	ceptabl	e)		
	ITE 302				Щ							
JUI	PITER ISLAND FL 33469				83							
					84	City					85 Zig	Code
					07	Ony				FL	93	Odde
CICNIATUIDE												
SIGNATURE.	Signifiant, typed or printed name of registere	d agent and title if a	pplicable.	(NOTE: Regis	stered Age	nt signature	required wher	n reinstating)		DATE		
	Signature, typed or printed name of resistore	d agent and title if a	ORS	11	stered Age	nt signature		n reinstating) ADDITIONS/CHANGES TO	OFFICE	ERS AND		
	Signature, typed or precied name of registere OFFICERS			1		nt signature			OFFICE	ERS AND	DIRECTO	
12.	Signature, typed or protest came of registron OFFICERS D COHEN, DONALD		ORS	1	13.	nt signature			OFFICE	ERS AND		
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44 To thereby certify that the information supplied with this litting bodes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ceeffly that the information indicated on this annual report is 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

KALEN COHEN VIAREN COHEN

4/05/97 561 786 3232 Dayline Phone #