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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$48143

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May 01	1997	8:00am
Secret	ary of	State

		Malling Address P. O. BOX 70 N/A GONZALEZ FL 325600 US	070	yan ya wa				
US					3. Date Incorporated or Qualified 04/25/1991	1 -	e of Last R 1/1996	eport
	Place of Business	2a. Mailing Address			4. FEI Number		}	plied For
t Suite, Apt	#, etc	Suite, Apt. #, etc.			59-3069807 6. Certificate of Status Desired		\$8.75	
City & Stat	du -	City & State			6. Election Campaign Financing		Fee Re	
3] Zip	Country	28 Zip	Cour	ntry	Trust Fund Contribution 8. This corporation has liability for its	intangible t	Added ax under s	
	[25]	29	30			Yes [
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Re	gistered A	gent	
	ELLS, V. KEITH		ŀ	Name				
	B W. CERVANTES ST NSACOLA FL 32501		[82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
FEI	NOACOLA FL BESUT		j	83				
				84 0			Tam 7:	Code
				84 City		FL	85 Zip	Code
office or agent 1 a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change w pations of, Section 607.0505	atutes, me at as authorized , Florida Stati	bove-named cor d by the corpora utes.	poration submits this statement for the pation's board of directors. I hereby accept	ot the appo	intment as	registered
IGNATURE	Styrichine, type dior printed name of registered ag				poration submits this statement for the pation's board of directors. I hereby acception when reinstaking ADDITIONS/CHANGES TO OFFIC	DATE		
GNATURE 2.	Styrichine, type dior printed name of registered ag	ioni and illk में applicable ((NOTE: Registered	Agent signature requi	ulred when reinstaling)	DATE		IS IN 12
IGNATURF 2. TF	OFFICERS AND CHAVERS, THOMAS R.	iont and title if applicable (NOTE: Registered	Agent signature requi	ulred when reinstaling)	DATE	DIRECTOR	IS IN 12
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14. I do hereby certify that the information supplied with this filling 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 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 enpowered 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 APR 97

904-494-9747

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