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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$56838

(3)

ROBERT P. MCDONNELL & ASSOCIATES, INC.

Suite, Apt # , etc.												
ORMOND BEACH FL 32174 Subject And It is not become the previous of Business 2a. Making Address 4. FEI Number 55/30/1991 05/01/1998 05/0	· · · · · · · · · · · · · · · · · · ·								HA MILAN IMAMA MINAN MANA		AN WIGH BYOK I	
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28	ε & State			State				& Floring Com	asias Cinassias			···
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28 28 29 30		Country		***************************************	Cou	ntry			······································	ntangible		
MCDONNELL, ROBERT P. \$25 SHADOW LAKES BLVD. ORMOND BEACH FL 32174 83 84 City FL 85 Zp C 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agont, or both, in the State of Broda. Such change was authorized by the corporation submits this statement for the purpose of changing its office or registered agont, or both, in the State of Broda. Such change was authorized by the corporation submits this statement for the purpose of changing its office or registered agont, or both, in the State of Broda. Such change was authorized by the corporation submits this statement for the purpose of changing its office or registered agont, or both, in the State of Broda. Such change was authorized by the corporations board of directors. I hereby accept the appointment as register and refundable with a statement for the purpose of changing its office or registered agont agont and the Register and Regi		25	29		30				· -		- Table 1	
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ORMOND BEACH FL 32174 83					j	81	Name					
B3 City FL St Zip Or					•	62	Street Ad	dress (P.O. Box Numb	er is Not Acceptab	le)	~	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered again, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent remains and the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, type to prefetchaine in trig correctaging and thin it applicable. (NOTE: Registered Against algorithms for required when relineating). DATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS MCDONNELL, ROBERT P. 525 SHADOW LAKES BLVD ORMOND BEACH FL. DELETE 21 TITLE Change Change Change Change Change Change Change Change A 2 NAME STREET ADDRESS CHY ST 2P THE Change A 2 NAME STREET ADDRESS CHY ST 2P CHIEF CHANGE A 3 STREET ADDRESS CHY ST 2P CHANGE A 3 STREET ADDRESS CHY ST 2P CHANGE A 3 STREET ADDRESS CHY ST 2P CHANGE CHANGE A 3 STREET ADDRESS CHY ST 2P CHANGE						84	City	*****		C 1	85 Zip (Code
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12.		tened or unrited name of ten ster	red agent and title if applicable	e (NOI	TE: Begistered	l Age	nt signature reg	nuired when reinetating)	···	DATE		
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14. I do hereby certify that the information supplied with this filing 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 undulate 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 na appears in Block 12 or Block 13 if changed, or on an attachment with an address.	formation indica am an officer or	ated on this annual repoi director of the corporati	rt or supplemental and ion or the receiver or t	nual report is t trustee empov	true and a wered to e	locu	rate and th	at my signature shall h	lave the same lega	l effect as	if made un	der oath; that

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/24/97

(904) 677 - 5698

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CR2E034 (9/96)

FILED

Apr 30 1997 8:00am

Secretary of State