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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S59369 1. Corporation Name

ACCUGRAPHIC SALES, TINC.

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90008 013 ***550.00



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Principal Plac	ce of Business	Mailing Address										
· ·	1.0.B.T.	4602 N.O	вт				•	•				
	A, FL 32757	MT DORA,		327	57							
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1		00				3. (Date Incorporated of	or Qualifed				
							06/10/	1991	,			
- ¬ 2616	Place of Business PEMBERTON DR.	2a. Mailing Address 4654 SL		ח חם	•	4. F	59-31109	200		Ap	plied For	
21		[20]		יוט ט	•		39-3110	790			t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc	C .			5. (Certifcate of Status	Desired		•	Additional	
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Zip	KA, FL 32705 Country	28 MT DORA		Country	1 - 6		Trust Fund Contribe				to Fees	
24 3270	· · · · ·	32757	30 U	•			This corporation ow Personal Property 1		ent year inte	angible □Yes	Σ₹No	
	9. Name and Address of Current		1301	55			Name and Addres		ealstered /		<u> </u>	
				81	Name							
YOUN	GBLUT, HEATHER											
	N.O.B.T.			82	Street A	Address (P.0	D. Box Number is N DEWOOD DE	Not Accepta	ble) "			
	ORA, FL 32757	·		83	- 70	J4 BUC	TEWOOD DE			···		
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	•	•		84	City MTT	DORA -			FL	85 Zip 1	Code 2757	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida	Statutes, the	e above	named	compretion	submits this statem	ent for the r	numose of a	chenging its	registered	
Office of I	registered agent, or both, in the State o	i Fiorida. Such change i	was authoriz	zed by ti	he corpo	oration's boa	rd of directors. I he	reby accep	t the appoin	itment as re	gistered	
ayeni. i a	im familiar with, and accept the obligati	ons of, Section 607.050	o. Fiorida Si	iaiulas.			_ ·	/ 4		•		
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SIGNATURE'	Signature, typed or printed name of pagistered agent	and title if applicable	EATHE	ER Y	OUNG	GBLUT	ay 2	8/99	DATE			
SIGNATURE		and Wie if applicable.	IEATHE (NOTE: Registe	ER Y	OUN(equired when rein	Oly 2 DITIONS/CHANG	8/99 ES TO OFF	DATE ICERS AN	D DIRECTO	PRS IN 12	
	Signature, typed or printed name of pagistered agent OFFICERS AND	and Wie if applicable.	IEATHE (NOTE: Registe	ER Y	OUNG	equired when rein		8/99 ES TO OFF		D DIRECTO	PRS IN 12	
12.	Signature, typed of printed name of physiciate agent OFFICERS AND PS	Ind title if applicable. DIRECTORS DELE	IEATHE (NOTE: Registe 1 TE 1.1	ER Y	OUNG	equired when rein		8/99 ES TO OFF				
12.	OFFICERS AND PS YOUNGBLUT, GARY	Ind title if applicable. DIRECTORS DELE	IEATHE (NOTE: Registe 1 1 TE 1.1	ER Y ored Agent 3.	signature n	equired when retr A[DDITIONS/CHANG					
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14. I 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 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 chapted, or on an attachment with an address, with all other like empowered.