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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | S62020 |
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| MALO | GRIDIS RENTAL CORP. | | | | | |
|---|--|--|--|---|---|---|
| 505 AVE A. STE 300 | o of Business N.W. IVEN FL 33881 | Mailing Address P. O. BOC 1378 WINTER HAVEN FOUS | L 33882 | | | DIN DUDUK ETBAT BEBIK DERDIK DUDUK BUDUK BEDUK EF |
| U\$ | | - | | | 3. Date Incorporated or Qualified 3. 06/21/1991 | 3a. Date of Last Report 03/28/1995 |
| Principal Pr | face of Business | 2a. Mailing Address | | | 4. FEI Number 65-0309073 | Applied For |
| Suite, Apt. | #, etc. | 26 Suite, Apt. #, etc. | | 7 | | Not Applical \$8.75 Additional |
| City & Stati | e | Orty & State | | | 6. Election Campaign Financing | Fee Required |
| Zip | Country | 26 Z(p | Country | , | Trust Fund Contribution | Added to Fees |
| | 25 | 29 | 30 | · · · · · · · · · · · · · · · · · · · | 8. This corporation has liability for inta Florida Statutes X Yes | □No |
| | 9. Name and Address of Curren | t Hegistered Agent | 81 | Name | 10. Name and Address of New Reg | istered Agent |
| | RIDIS, PETER G. | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | |
| 505 AV SUITE : | ENUE A N.W. | | | | | |
| | 300 R HAVEN FL | | 83 | | | |
| *********** | , | | 84 | City | | FL 85 Zip Code |
| Terronent AM | ith, and accept the obligations of, Socti | ion 607.0505, Florida Statu | onzed by the corp ites. | oration's boa | and of directors. I hereby accept the appoint | tment as régistered agent. I am |
| narroieir wi NATURF | th and accept the obligations of, Soctions State that depoind have breed agent CFFICERS AND PTD | and tile if applicable D DIRE CTORS | (NOTE Airgistered Ager | | | DATE FIS AND DIRECTORS IN 12 |
| TATTOIGT WA | Stg. at the dependent national direct agent agent. CFFICE RS AND PTD KALOGRIDIS, PETER G | and the fragmentic DIRECTORS DELETE | (NOTE Registered Ager | | vi wen resistategi | DATE FRS AND DIRECTORS IN 12 |
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certury trial 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 outrit, trial 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. The G. Kelogrida, Prosident 2-6-96 (941)244-4488

Typed ga Printed NAME of Bigning OFFICER ON DIRECTOR

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SIGNATURE: