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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$72293

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FILED
Apr 17 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 3063 ENTERPRISE RD. P O BOX 588 STE. 22 DEBARY FL 32713-0569 US					······································	3. Date Incorporated or Qualified 3a. Date of Last Report				
ud						3. Date Incorporated or 07/25/1991	G GRANNECI	02/20		s-hout
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		VE/EY		oplied For
<u>n]</u>		26				59-3082110				ot Applicable
Suite, Ap	et #, e(C.	Suite, Apt. #, etc.				5. Certificate of Status De	esired			Additional equired
City & Sta	ate	City & State				Election Campaign Fir Trust Fund Contribution	-		\$5.00	May Be to Fees
Zip	Country	Zip	Cou	ntry	,	8. This corporation has li				. 199.032,
4	25	29	30			Florida Statutes 10. Name and Address of		Yes 🔲		
	9. Name and Address of Cur	rrent Hegistered Agent		81 N	Vame	IV. Name and Address o	i waw magi	stelen vå	ent	
	HOR, KENNETH A. FERN CREST DRIVE		ĺ			40.0 B				
	BARY FL 32713			82 5	street Addre	ss (P.O. Box Number is Not	Acceptable))		
	DIVITE OF TO			83						
				84 (City				85 Zip	Code
	nt to the provisions of Sections 607.							<u> </u>		
agent. I			. Fiorida Stat	utes.						
SIGNATURE	Signature Typed to proved name or legistrise	d agent and title if applicable. (I	NOTE: Registere			on's board of directors. I her	(F)	BATE	>	
SIGNATURE	Signature Typed or proved name registered OFFICERS	d agont and title if applicable. (I	NOTE: Registere	Agent s		·	(F)	DATE RS AND D	RECTOR	RS IN 12
SIGNATURE 12,	Signature hypert or provide name of registering OFFICERS	d agent and title if applicable. (I	NOTE: Registere	Agent s		d when re-nstating)	(F)	DATE RS AND D	>	RS IN 12
SIGNATURE 1 2. HILE NAME	Signature hybrid or proved name of registrons OFFICERS P SCHOR, KENNETH A.	d agont and title if applicable. (I	NOTE: Registere 13. 1.1 Tr 1.2 N/	Agent s	signature require	d when re-nstating)	(F)	DATE RS AND D	RECTOR	RS IN 12
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In the result of the composition of the corporation of the receiver of trusted employers as required by Chapter 607, Florida Statules. Infirited cetting 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 trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

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