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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$76045

(1)

CERTIFIED CONSULTANTS CORPORATION

FILED Apr 21 1997 8:00am Secretary of State



	ce of Business	Mailing Address				- Tibbinate in Ibana eduk eskut biben enki	ALEN BIBLI BIL		HALL BIRTH IRBI
7813 SADDLEBROOK DRIVE PORT ST LUCIE FL 34986		7813 SADDLEBROOK DRIVE PORT ST LUCIE FL 34986-3112							
		,				3. Date Incorporated or Qualified 08/27/1991	3a. Date	e of Las 8/199 (
2. Principal f	Tace of Business	28. Mailing Addres	SS			4. FEI Number	1 19/1		Applied For
21		26				65-0283654			Not Applicab
Suite, Apt	#, etc	Suite, Apt. #, e	ilo.			5. Certificate of Status Desired			5 Additional Required
City & Stat	<u></u>	City & State				6. Election Campaign Financing			00 May Be
3		28				Trust Fund Contribution			ed to Fees
Ζφ	Country	Zip	Cou	untry		8. This corporation has liability for in	ntangible t	ax unde	rs. 199.032,
4	25	29	30				Yes 🗌		
	9. Name and Address of Cu	rrent Registered Agent		l		10. Name and Address of New Res	pistered A	gent	
	ragosey, sam			81	Name				
	3 SADDLEBROOK DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
POI	RT ST LUCIE FL 34986			83					
			-						·
				84	City		FL	85 Z	ip Code
			- <u>y</u>	1_1		poration submits this statement for the p		<u>Ļ. l .</u>	
12.	Signature, typed or printed name of registers OFFICERS	B AND DIRECTORS	(NOTE: Registere		it signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECT	ORS IN 12
att.	P	☐ DELE						Chang	
άVέ	SARAGOSEY, SAM		1.2 №	AME	ŀ				
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To metary carrier metariant inclination supplied with rishing does not quality for the examption is add to execute this armual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; the Lam 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 this an attachment with an address.

SIGNATURE

ATT CHANGES OF SHANGOSEY

MATURE AND LIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

(561) 337-6435

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