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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		DIVISION	OF CORPO	RATIONS						
DOCUN 1. Corporation	MENT #	S81244	(3	3)							
	INTERNATIONAL	ENTERPRISES	S, INC.	·				<b>-.</b>			
Principal Plans	al Durings										
Principal Place		М	ailing Address					• *****		arı <b>v</b> ışıı ş	#
6 OAKMON P.O. BOX ( ORMOND I			P.O. BOX 66 ORMOND BEAC								
				71 FL 32173			3. Date Incorporated or Qua 09/19/1991	alified	3a. Date	of Last R 3/07/1	
2. Principal Pla	ace of Business	<b>⊢</b> −,	. Mailing Address				4. FEI Number				Applied For
Suite, Apt. #	t. etc.	26	Suite, Apt. #, etc				59-3076256				Not Applicab
City & State		27	City & State				5. Certificate of Status Desir			Fee	Additional Required
]		28	Oity to State				6. Election Campaign Finance Trust Fund Contribution				May Be
Zip }	Country	<u></u> ⊢¬	Zφ		ountry		8. This corporation has liabil				
	9. Name and Addres	29 s of Current Regis	tered Agent	30	1			Yes			
	22 2010 1300100				81 Nan	ne	10. Name and Address of I	NEW HE	Distered A	gent	
KELLE	R, LYNN R.						/D O D N 1	<del></del>			
	MONT CIRCLE				82 Stre	et Addres	ss (P.O. Box Number is Not Acc	ceptable)	)		
ORMO	ND BEACH FL 32174	,			83						
										IA-T T	
					IQAI ⊜au					1951 74	Code :
familiar with	h, and accept the obligati	ons of, Section 607.	0505, Florida Stati	utes.	corporation	l corporati n's board	ion submits this statement for to of directors. I hereby accept the	the purpo te appoir	FL ose of chan ntment as re	بليا	
familiar with	h, and accept the obligations and accept the obligations of the obligation of the ob	ons of, Section 607.	0505, Florida State	DIZED DV IDE	ove-named corporation	l corporati n's board	or directors. I hereby accept the	ю арроіг 	ose of chan ntment as re	ging its registered	egistered offi agent. I am
familiar with	h, and accept the obligati Signature, typed or printed name of OF	roustered agent and title if a	0505, Florida State	(NOTE: Registere	ove-named corporation	l corporati n's board	or directors, I hereby accept th	ю арроіг 	DATE  ERS AND [	ging its registered	egistered offi agent. I am RS IN 12
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appears in Block 12 or Block 13 if changed, or in an autochment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME SIGNING OFFICER OF DIRECTOR

4-11-96 904-673-0104