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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

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Principal Place	e of Business	Mailing Address		T THE STATE OF THE PROPERTY OF	mann debes bildir di <del>d</del> es bildir dobat didir dibbe
611 COMME	ERCIAL DR.	P. O. BOX 250656			
В	FL 00447	P.O. BOX 656			
HOLLY HILL US	. PL 32117	HOLLY HILL FL 3212 US	?5-0656	3. Date Incorporated or Qualified	3a. Date of Last Report
				10/21/1991	04/18/1995
-	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ata	26		59-3087812	Not Applicable
Suite, Apr.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	e	City & State		6 Chatian Committee Financian	Fee Hequired
3		28		Election Campaign Financing     Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation has hability for in	
4	25	29	30	Florida Statutes	□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
	N, JOHN M.		82 Street Add	lress (P.O. Box Number is Not Acceptable	9)
	ANDERBILT DR.		83		<del></del>
UHMUN	ND BEACH FL 32174		63		
			84 City		85 Zip Code
11 Pireitant I	to the provisions of Sections 607 0503	2 and 607 1508 Florida Statu			FL 85 ZAP COOR
· · · · u ouailt i		cierio oci i 1000, i londa biald	ites, the above-named corpo	ration submits this statement for the purp	ose of changing its registered office
O register	th, and accept the obligations of, Sect	tion 607,0505, Florida Statute	zeo by the corporation's boa	ration submits this statement for the purp and of directors. Thereby accept the appoi	ose of changing its registered offic intment as registered agent. I am
familiar wi	th, and accept the obligations of Sect Signature typed or printed name of registered against	tion 607,0505, Florida Statute	zed by the corporation's boals.  OTE: Registered Agent signature require	ard of directors. Thereby accept the appoi	intment as registered agent. I am
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certify that the minormation 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 changed, or on an attachment with an address.

4-15-94 901-255-0802 Date Dayton Phone (