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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$89652

(9)

FLORIDA FINANCIAL INVESTMENTS, INC.

FILED May 12 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address 801 LAUREL OAK DR., STE, 640 801 LAUREL OAK DR., ST		STE. 640		T INCOLUEN ON LOUIS OF THE BUILD BUI				
Naples Fl 9 6	990 34108	NAPLES FL 34108-2707			3. Date incorporated or Qualified 10/24/1991		of Last R	Report
9 Drivoigal	Place of Business	2a. Mailing Address	···		10/24/1881 4. FÉI Number	1 00/01		pplied For
	made or business	26 Maining Address			65-0295993			ot Applicable
1 Suite, Api	M # elc	Suite, Apt. #, etc.				No.		Additional
2	n n, ess.	27			5. Certificate of Status Desired	\$3 /		lequired
City & State City & State					6. Election Campaign Financing		\$5.00 May Be	
3	28				Trust Fund Contribution		Added to Fees	
Zιρ	Country			гу	8. This corporation has liability for Intangible tax under s. 199.032,			
4			30		Florida Statutes X Yes No			
	9. Name and Address of Co	urrent Registered Agent		41 M	10. Name and Address of New Reg	gistered A	gent	
	odward, Mark J., ESQ.		8	1 Name				
	odward, Pires, Andersoi		ã	2 Street Add	ess (P.O. Box Number is Not Acceptable)			
801	1 Laurel oak dr., ste. <u>6</u> 40		ļ. <u>.</u>					
NAI	PLES FL- 33963 34/08		[8	3				
			8	4 City			65 Zip	Code
					rporation submits this statement for the p	FL		
	Signature Typed or profed name of register OFFICER:			kgent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	RS IN 12
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		Change	
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: Further certify that the information indicated on this any full 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 receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 if changed, or un an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPET OR PRINTER NAME OF SIGNING OFFICER OR DIRECT

4/25/47 (940) Y34-2036