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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$98884

(7)

DIVISIO

FILED Apr 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 439 BILTMORE AVE 439 BILTMORE AVE TEMPLE TERRACE FL 33617-7207									
						3. Date Incorporated or Qualified 01/02/1992	3a. Da 05/ (te of Last I)1/1996	Report
	Place of Business	2a, Mailing Addre	ess			4. FEI Number 59-3103177		A	pplied For lot Applicable
Suite: Apt.	.#, etc	Suite, Apt. #,	etc.	***************************************		Certificate of Status Desired		\$8.75	Additional leguired
City & Stat	te	City & State		•••••		6. Election Campaign Financing	· ••••••••••••••••••••••••••••••••••••		May Be
23	Country	28	T 6	Duntry		Trust Fund Contribution		Added	to Fees
Zip 24	25	29	30	Junuy	•	8. This corporation has liability for Florida Statutes	r intangible Yes	tax under: No	s. 199.032,
	9. Name and Address of (10. Name and Address of New R			
	LOR, BRUCE S.			81 N	Name				
	BILTMORE AVE IPLE TERRACE FL 33617			82 5	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
I CM	IFLE TENNACE PL 33017			83	<u></u>			···—	
				84 (City			lee l Zio	Code
				1 [-		FL		
11. Pursuant	To the provisions of Sections 60	17 0502 and 607 1508. Florid	la Statutes, the	above-n					no regiote. Co
11. Pursuant office or i agent. La						oration submits this statement for the on's board of directors. I hereby acce		ointment a	s registered
SIGNATURE	Signature Typical or proceed memoral register	ered agent and title if appricable.	(NOTE Registe	red Agen) s		ed when reinstating)	DATE		
	Signatur Agest at proced name of angist OFFICEF		(NOTE Registe	red Agen) s			DATE		
SIGNATURE	Signature hyperior proced name of registroper OFFICEF DPTS BIALOR, BRUCE S.	ered agent and title if appricable. RS AND DIRECTORS	(NOTE: Registe	ired Ageni s		ed when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. THE	OFFICER DPTS BIALOR, BRUCE S. 439 BILTMORE AVE	ered agent and title if appricable. RS AND DIRECTORS	(NOTE: Registe 13 LETE 1.3	red Ageni s . TITLE	signature require	ed when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE. 12. THE NAME STREET ADDRESS CHY-ST-ZIP	Signature hyperior proced name of registroper OFFICEF DPTS BIALOR, BRUCE S.	ered agent and tale if apprecable. RS AND DIRECTORS DE	(NOTE Registe 1: LETE 1.3 1.4	ITALE NAME STREET ADI CITY-ST-2	signature require	ed when reinstating)	DATE	DIRECTO	RS IN 12
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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, I further certify that the information indicated on this annual report is supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the expression of the previous control of the previous control of the previous control of the expression of the expr

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97

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