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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

V02409

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DOCUMENT # 1, Corporation Name

00718, INC.

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Principal Place of	FBusiness	Mailing Address				è radio dirate dura rium avere dure de			
		2730 CENTRAL AVE.							
2730 CENTRAL ST. PETERSBUF		ST. PETERSBURG FL	. 33712						
Jii , Elenooo						3. Date Incorporated or Qualified 12/26/1991	3a. Date o 05/	/23/1995	5
	(5)	2a, Mailing Address		,		4. FEI Number			oplied For
2. Principal Plac	e of Business	26				59-3110976			ot Applicable
Suite. Apt. #,	ate	Suite, Apt. #, etc.	***************************************			5. Certificate of Status Desired			Additional equired
22		27							May Be
City & State		City & State				6. Election Campaign Financing			to Fees
23		28				Trust Fund Contribution 8. This corporation has liability for in			
Zip	Country	Zip		ountry		8. This corporation has liability for in Florida Statutes Yes	No No	CONTROL OF	
24	25	29	30			10. Name and Address of New Ro		gent	
	9. Name and Address of Currer	nt Registered Agent		81	Name	10.			
						A Date of the Land Annual Land	(a)		
KNAUST,	WARREN J.			82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e,		
2730 CEN	YTRAL AVENUE			83					
ST. PETE	RSBURG FL 33712							1001 70	Code
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	Signature, typed or printed name of registered age	nt and title Lapphcable		нод Арки		ration submits this statement for the pur ro of directors. Thereby accept the appl of when reinstating ADDITIONS/CHANGES TO OFF	DATE TICERS AND	DIRECTO	ORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. I further certify that the information 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 cath; that I am an officer or director of the concration 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 manged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)