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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # VOCEOT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90140 047 ***150.00

1. Corporation	ANICAL, INC. of Business NORTH	Ma 293 SUI	ailing Address 199 U.S. 19 NORTI ITE 280 EARWATER FL 33		•			DO NOT WRITE IN				
US US								3. Date Incorporated or Qualifed				
								03/12/1992		,		
2. Principal Pl	ace of Business	—	Mailing Address	5				4. FEI Number		+	ied For	
21	·	26					}	<u>59-3111098</u>	***		Applicable Iditional	
Suite, Apt.	#, etc	27	Suite, Apt. #, et	ic	·			5. Certificate of Status Desired		e Req		
City & State	9		City & State					6. Election Campaign Financing	\$5	.00 M	lay Be	
23		28					Ì	Trust Fund Contribution	Ad	ded to	Fees	
Zip	, Country		Zip		ountry			8. This corporation owes the current ye		7	.	
24	25 29			30				Personal Property Tax.	Yes	; Ç	X (No	
	9. Name and Address of Curre	nt Regis	tered Agent					10. Name and Address of New Regist	ered Agent			
DIAN	IA ABOUOLAC				81	Name						
	IA, NICHOLAS				82	Street A	ddres	ss (P.O. Box Number is Not Acceptable)				
29399 US 19 N					00							
#280 CLEA	arwater fl 34 621				83							
					84	City			FL 85		3761	
11. Pursuant	to the provisions of Sections 697.050	02 and 6	07.1508, Florida	Statutes, the	above	-named co	orpor	ation submits this statement for the purpo	se of changir	ng its re	egistered	
office or re agent. I ar	egistered agent, or both in the State m familiar with, and accept the obliga	of Floridations of,	da. Such change , Section 607.050	was authoriz 05, Florida St	zed by tatutes.	the corpor	ration	ation submits this statement for the purpor's board of directors. I hereby accept the	appointment.	as regi	stered	
SIGNATURE	1/2/	7										
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ļ	Signature, typed or printed name of registered age					t signature req	quired w	when reinstating) DA ADDITIONS/CHANGES TO OFFICER	T/ 8 /99 TE RS AND DIRE	CTOR	 S IN 12	
12:	OFFICERS AI			1	ared Agen 3.	t signature req	quired w	ADDITIONS/CHANGES TO OFFICER	TE S AND DIRE		S IN 12	
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14. I hereby certify that the information supplied with this filting 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 or supplemental annual reports 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 of the receiver or tolered 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

185-2211