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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V21812

(5)

Principal Place 1916 N 14TH #204	ST	Mailing Address 1916 N 14TH ST #204	Mailing Address 1916 N 14TH ST #204						
TAMPA FL 33605 US		TAMPA FL 33605 US			3. Date Incorporated or Qualified 03/18/1992	3a. Date of Last Report 04/17/1995			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-3119668		$\vdash$	Applied For
Didle Ast 4	u oto	Suite, Apt. #, etc.							Not Applicable  Additional
Suite, Apt. #	v, etc.	27				5. Certificate of Status Desired	外		Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			May Be
Zip	Country 25	Ζιρ <b>29</b>	Cour	ntry		This corporation has liability for Florida Statutes     Yes	intangible ta	x under s	199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New F	tegistered	Agent	
	, ROGER ,Y PINES DR HILLS FL 33544				Name Street Addre	iss (P.O. Box Number is Not Acceptat	ole)		
ZEFITN	MILLO PL 33344				City		FL	85 Z	ip Code
tamillar Wil	th, and accept the obligations of, Se	ection 607.0005, Florida Statutes							
	Signature, typed or printed name of registered ag			Agent s	signature required		DATE ICERS AND	DIRECTO	ORS IN 12
SIGNATURE		gent and title if applicable. (NC AND DIRECTORS	TE Registered		signature required	when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12
12. TITLE NAME STREET ADDRESS	DPS BOUWS, ROGER 7727 BAY PINES DR	AND DIRECTORS	13. 1.1 II 1.2 Nº 1.3 ST	ITLE AME TREET AI	DDRESS		ICERS AND		
12. TITLE NAME STHEET ADDRESS CITY-ST-ZIP	DPS BOUWS, ROGER 7727 BAY PINES DR ZEPHYRHILLS FL	AND DIRECTORS	13. 1.1 % 1.2 N <sup>5</sup> 1.3 ST 1.4 CI	ITLE AME TREET AI	DDRESS		ICERS AND		☐ Addition
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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 oath; that I am an officer or director of the exposition or the receiver at 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

SIGNATURE: \_

THE AND PYPED OR PROSESS MAME OF BIGNING OFFICER OR DIRECTOR

123/96 813-248-2200 Date Daytime Prone #