C/O SANUY & STRADER PA 29 OLD KINGS RD N #1B PALM COAST FL 32137 3. Data incorporated or Qualified 24. Principal Place of Business 25. Amaling Address 26. Multing Address 27. South, Apt. 1, etc. 28. Outlis, Apt. 1, etc. 29. Outlis, Apt. 1, etc. 20. Cliy & State 30. Cliy & State 31. Country 20. Country 20. Country 21. Country 21. Country 22. Country 23. December of Business 33. Control Control Country 24. Cliy & State 35. Conflictate of Status Davied 36. Excellent Controllation Address of Current Registered Agent 37. Thus Frend Controllation Address of Current Registered Agent 38. Name and Address of Current Registered Agent 38. Name and Address of Current Registered Agent 38. Name 9. Name and Address of Current Registered Agent 38. Name 9. Name and Address of Current Registered Agent 38. Name 9. Name and Address of Current Registered Agent 38. Name 9. Name and Address of Current Registered Agent 38. Name 9. Name and Address of Current Registered Agent 9. Name and Address of Name Registered Agent 9. Name Agent 9. Name and Address of Name Registered Agent 9. Name Agent 9. Name and Address of Name Registered Agent 9. Name Agent 9. Na	PROFIT CORPORATION ANNUAL REPOR 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Becretary of State DIVISI <mark>E</mark> N OF COAPORATIONS				říled						
Name and Address of Current Registered Agent Status	1. Corporation Name	T POWETCH (C V 2	291	7	• •			97 JI	JL J	AF	110:31
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Company Comp	9. Name	and Address of Cu	rrent Register	ed Agent							red Aç	ent
The Pursuant to the provisions of Sections 807.0502 and 807.1509, Florida Statutes, the above amend corporation submits this statement for the purpose of changing it reign a spent, as mainliar with an account in the provisions of Sections 807.0502 and 807.0505, Florida Statutes. Signature	29 29	ach Mings	nd N	Sh	13		Address (P.O.	Box Number is No	ot Acceptab	le)		
L PAREAUNT to the provisions of Sections 807,0829 and 807,1829. Florids Statutes, the above named corporation authorities this statement for the purpose of changing its regineration for the composition of the composition o	raim wast FC sus					84 City					Zip Co	o de
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I do hereby certify that the information applied with this filling does not qualify for the exemption stated in Section 118.07(3Xi), 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 oath; the annual report as required by Chapter 607, Florida Statutes; and that my name applied to a report of the port of the por	ME REET ADDRESS Y-ST-ZIP		L	.		6.2 NAME 6.3 STREET 6.4 CITY-ST	-ZIP			-		,
SIGNATURE: Althog Mills 4-30-97 SIGNATURE AND TYPE D'OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Daytime Phone #	I do hereby certify to information indicate I am an officer or dir in Block 12 or Block SIGNATIIDE.	hat the information supplied on this angust emorter ector of the porporation of 13 if changed for on an a	lied with this filing Eupplemental and or the doctiver or the house of the sound of	does not qui just report is i rustes empo address.	alify for the true and acci wered to exe	exemption surate and the soute this rep	tated in Section of my signature port as require	on 119.07(3Xi),Flori shall have the sa d by Chapter 607,	da Statutes me legal eff Florida Sta	, i furthe ect as if a tutes; an	r certify nade un d that n	rthat the ider oath; that iy name appears

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Form Annual Report (Rev. 9-98)