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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V36915

(9)

FILED Apr 21 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 818 DRUID HILLS ROAD 818 DRUID HILLS ROAD TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617-3612											
						3. Date Incorporated of 05/18/1992	r Qualified		te of La 5/199	ast Report	
	Place of Business	2a, Mailing Address				4, FEI Number 59-3124927		<u> </u>	Ţ	Applied For	
[21] Suite, Ap	I #. etc	Suite, Apt. #, etc.							\$8.7	Not Applica 75 Additional	
22		27				5. Certificate of Status	Desired			e Required	
City & Sta	ale	City & State				6. Election Campaign	_			.00 May Be	
23 Zip	Country	28 Zip	1 00	untry		Trust Fund Contribu				ded to Fees	
24	25	29	30	urni y		8. This corporation has Florida Statutes		ntangible] Yes 🚡		161 S. 199.032,	,
. 7.11	9. Name and Address of Curr					10. Name and Address					
	ROWITZ, MITCHELL I.			81 Nar	ne						
	1 E. KENNEDY BLVD.			82 Stre	et Addres	ss (P.O. Box Number is N	ot Acceptab	le)		**	\neg
	ITE 1700 MPA FL 33802			83				·			
IA	MPA FL 330UZ										
				84 City				FL	85	Zip Code	
11. Pursuan	it to the provisions of Sections 607.0	0502 and 607.1508, Florida Stat	tutes, the a	bove-nam	ed corpo	ration submits this statem	ent for the p	urpose of	changi	ing its register	ed
									vintmar	nt as registere:	
office or agent 1	rregistered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change wa iligations of, Section 607.0505,	s authorize Florida Sta	ed by the d tutes.	corporatio	on's board of directors. I h	ereby accep	it the app	JI) I() (10)		:d
	it to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl		s authorize Florida Sta	ed by the d tutes.	corporatio	on's board of directors. I h	ereby accep	д ию арро	JI (6110)		d
SIGNATURE	Signature typing or proceed name of registered	agent and title if applicable (N	OTE: Registere	ed Agent signs		d when rainstating)		DATE			
SIGNATURE	Eigenfalle Tygers or prefect han e of registered. OFFICERS A	agent and title if applicable (N AND DIRECTORS	OTE: Registere	ed Agent signs				DATE	DIREC	TORS IN 12	}
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SIGNATURE 12. THEE NAME	Signature typing or provide name of registered. OFFICERS A DST HAVLICK, J. ROBERT	agent and title if applicable (N AND DIRECTORS	13. 1.1 T	ed Agent signe ITLE JAME	ature required	d when rainstating)		DATE	DIREC	TORS IN 12	
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red increasy density that the information suppried with rits tiling does not quality 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 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 corporation or the receiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an add esc.