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PROFIT CORPORATION ANNUAL REPORT

1998

人名西西西 人名英格兰人姓氏克克克 医自己 医多克氏试验检尿 医人名英格兰 化多丁烯基丁烯醇



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

CALT OCEAN BARRER SHOP INC

FILED

Jan 30 1998 8:00am

Secretary of State

		OCH SHOP, IN	•				(100)		ON STONE BLOCK	1444 - 1 214 - 1 21	11 0.10 16 1 0.1 5
Principal Place o	of Business		M	ailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				17 919 11 1441
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FT LAUDERDALE	E FL 33308		F	T LAUDERDALE FL 333	908			DO NOT WRITI	E INITHIC C	DACE	
							3 Date Inc	corporated or Qualified	L ((V (1)1(3)3)	T AUL	
							05/19				
2. Principal Place of Business			2a.	2a. Mailing Address			4. FEI Num			I	oplied For
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				te of Status Desired			Additional
22			27				b. Certifica	te of Status Desired		Fee R	equired
City & State				City & State				Campaign Financing	_		May Be
23		6	28		T 6:	 .		nd Contribution			to Fees
Zip		Country		Zip	Cou	ntry		poration owes or has pa		<i>.</i> -	'
24	25 9 Name ar	d Address of Curre	29 nt Regis	tered Agent	30			Property Tax due June nd Address of New Re			_ No
	AAN, LAWF		······································	torou Agom		81 Name					
					Ĺ	6.	ILLMAN,	LAWREN			
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FI LAUDENDALE FL 33308					ŀ	83 -457		OHA CHIO	PTH	C 00.	
						77	302_				
						84 City	. LAUDE	1.041 E	Fi		Code 2306
11. Pursuant to t	the provision	s of Sections 607.050	02 and 6	07.1508, Florida Statu	tos, the at	ove-named c	orporation submits	s this statement for the firectors. I hereby acce	purpose of		
office or regi	istered agen	t, or both, in the State	of Florid	da. Such change was I, Section 607.0505, Fi	authorized	l by the corpo	ration's board of o	firectors. I hereby acce			registered
SIGNATURE									1/14/9	~	
SIGNATURE	a.e. typen or p	orint ed na me of registered a g	init and title	#applicable (NOT	F: Registered	Agent signature re	quired when reinstating)		DATE	·	
12.	DO	OFFICERS AN	ID DIREC	CTORS	13.		ADDITION	IS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
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STREET ADDRESS CITY-ST-ZIP	ROMA, LO	T OCEAN DRIVE			1.2 NA 1.3 STI 1.4 CIT	ME REET ADDRESS Y-ST-ZIP				Change	☐ Addition
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14. Thereby certify that the information supplied with this filing 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 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address.

1/26/98 1054-5/8-1518