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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V39128

(6)

| FILED              |
|--------------------|
| May 16 1997 8:00am |
| Secretary of State |

| D: -: th   | E AGENCY, INC. OF ORAI  |   | ····   |  |  |                  |                                     |   |
|--|---|---|--|--|--|------------------|-------------------------------------|---|
| Principa Place   | 9 O' Business   | Mailing Address   |  |  |  |                  |                                     |   |
| 2221 LEE RD.<br>Ste 15   |   | 701 BRICKELL AVE.<br>SUITE 3000   |  |  |  |                  |                                     |   |
| WINTER PARK  | FL 32789  | MIAMI FL 33131-2847   |  |  |  |                  |                                     |   |
| US   |   | US  |  |  | 3. Date Incorporated or Qualified  |                  | te of Last                          |   |
| A 6  | lace of Business  | As Malling Address  |  |  | 05/27/1992<br>4. FEI Number  | UD/              | )1/1996                             |   |
| -1   | ace or business   | 2p, Mailing Address<br>26   |  |  | 59-3125916   |                  | <b>├</b>                            | Applied For<br>Not Applicable           |
| 1]<br>Suite, Apt   | #. t.!c   | Suite, Apt #, etc.  |  |  |  |                  |                                     | Additional                              |
| 2  |   | 27  |  |  | 5. Certificate of Status Desired   |                  | <b>-</b>                            | Required                                |
| City & State   | 0   | City & State  |  |  | 6. Election Campaign Financing   |                  | \$5.0                               | O May Be                                |
| 3  |   | 28  |  |  | Trust Fund Contribution  |                  |                                     | d to Fees                               |
| Z4:  | Country   | Zip   | Countr   | у  | 8. This corporation has liability for  |                  |                                     | s 199.032,                              |
| 4  | 25  | 29  | 30   |  |  | Yes [            |                                     |   |
|  | 9, Name and Address of Curr   |   |  |  | 10. Name and Address of New Re   | gistered         | Agent                               |   |
| INTR   | ASTATE REGISTERED AGENT   | CORPORATION   | 81   | Name   |  |                  |                                     |   |
|  | BRICKELL AVE  |   | 82   | Street Add   | ress (P.O. Box Number is Not Acceptate   | ole)             |                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| SUN  | E 3000  |   | <u> </u>   |  |  |                  |                                     | <del></del>                             |
| MIAN   | 41 FL 33131   |   | 83   |  | •  |                  |                                     |   |
|  |   |   | 84   | City   | The state of the s |                  | 85 Zi                               | p Code                                  |
|  |   |   |  | ) '  |  | FL.              | . 1 . 1                             | •                                       |
|  | ·   |   |  | ,,,  | poration submits this statement for the pation's board of directors. I hereby acceptions   |                  |                                     |   |
| SIGNATURE  | Se) while typed or proved hand of registered<br>OFFICERS A  | agent and litte d'applicable (NC<br>AND DIRECTORS                               |  |  | ared when reinstalling)  ADDITIONS/CHANGES TO OFFICE   | DATE             | DIRECTO                             | ORS IN 12                               |
| SIGNATURE  | Secretar Operator procedure of registered OFFICERS A  | agent and little d'applicable (NC   | DTE: Registered A  | gent signatura requ  | ired when reinstaling)   | DATE             |                                     | ORS IN 12                               |
| SIGNATUR!<br>12.<br>HILE   | Secretal Expenses procedure of registered OFFICERS A PD DANLER, KATHLEEN  | agent and file of applicable (NC<br>AND DIRECTORS                               | TE: Registered A   | gent signature requ  | ired when reinstaling)   | DATE             | DIRECTO                             | ORS IN 12                               |
| SIGNATURE  12.  HILE  HAME  SIBLET ADDRESS   | PD DANLER, KATHLEEN 7 STEPPING STONE CRESC  | agent and file of applicable (NC<br>AND DIRECTORS                               | 13. 1.1 TIYLE 1.2 NAME 1.3 STREE   | gent signature requ  | ired when reinstaling)   | DATE             | DIRECTO                             | ORS IN 12                               |
| SIGNATUFIE  12.  HILF  NAME  SHREFL ADDRESS    CHY - S1- ZIP   | PD DANLER, KATHLEEN 7 STEPPING STONE CRESC DIX HILLS NY   | agent med fille of spelicable (NC<br>AND DIRECTORS  DELETE                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY  | yent signature requ<br>T ADDRESS<br>ST-ZIP   | ired when reinstaling)   | DATE             | DIRECTO                             | ORS IN 12<br>e Addition                 |
| SIGNATUFIE  12.  HILE  NAME  SIREEL ADDRESS  CHY-S1-7IP  TILE  | PD DANLER, KATHLEEN 7 STEPPING STONE CRESC DIX HILLS NY   | agent and file of applicable (NC<br>AND DIRECTORS                               | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 FITLE   | pent signature requirements and appears strategies.  | ired when reinstaling)   | DATE             | DIRECTO                             | ORS IN 12<br>e Addilion                 |
| SIGNATURE  12.  HILE  NAME  SIRLET ADDRESS  CHY-SI-7IP  HILE  NAME   | PD DANLER, KATHLEEN 7 STEPPING STONE CRESC DIX HILLS NY   | agent med fille of spelicable (NC<br>AND DIRECTORS  DELETE                      | 11. THE TENT OF TH | onn signature requirements of ADDRESS ST-ZIP   | ired when reinstaling)   | DATE             | DIRECTO                             | ORS IN 12<br>e Addilion                 |
| SIGNATURE  12.  HILE  NAME  SIREEL ADDRESS  JELY - STZIP  HILE  NAME  STREET ADDRESS  STREET ADDRESS   | PD DANLER, KATHLEEN 7 STEPPING STONE CRESC DIX HILLS NY VD DANLER, WILLIAM 1080 NW 95TH AVE.  | agent med fille of spelicable (NC<br>AND DIRECTORS  DELETE                      | 11. THE 12 NAME 14 CITY-2.1 HTLE 22 NAME 23 STREE  | ent signature requirement signature requirem | ired when reinstaling)   | DATE             | DIRECTO                             | ORS IN 12<br>e Addition                 |
| SIGNATURE  12.  HILE  NAME  SIREEL ADDRESS  SIREEL ADDRESS  LIVEST ADDRESS  CITY ST ADDRESS  CITY ST ADDRESS   | PD DANLER, KATHLEEN 7 STEPPING STONE CRESC DIX HILLS NY VD DANLER, WILLIAM 1080 NW 95TH AVE. PLANTATION FL  | agent med felle of applicable (NC AND DIRECTIONS  DELETE  DELETE  DELETE        | 11. THE 12 NAME 13. 1.1 THE 12 NAME 13 STREE 14 CITY-2.1 HILE 22 NAME 23 STREE 2 4 CITY  | ent signature requirement signature requirem | ired when reinstaling)   | DATE             | DIRECTO Change                      | ORS IN 12 e                             |
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| SIGNATURE  12.  HILE  NAME  SIREEL ADDRESS  CHY-SI-ZIP  HILE  NAME  SIREEL ADDRESS  CHY-SI-ZIF  HILE  NAME  SIREEL ADDRESS  CHY-SI-ZIF  NAME  SIREEL ADDRESS  SIREEL ADDRESS  SIREEL ADDRESS  SIREEL ADDRESS  SIREEL ADDRESS   | PD DANLER, KATHLEEN 7 STEPPING STONE CRESC DIX HILLS NY VD DANLER, WILLIAM 1080 NW 95TH AVE. PLANTATION FL STM LOPEZ, DENNIS 9282 WICKHAM WAY                             | agent med felle of applicable (NC AND DIRECTIONS  DELETE  DELETE  DELETE        | 11. TITLE 12 NAME 13. STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 2 4 CITY 3.1 TITLE 32 NAME  | ent signature requirement signature requirem | ired when reinstaling)   | DATE             | DIRECTO Change                      | ORS IN 12 e                             |
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SIGNATURE:

Dennis Lopez 4-29-97