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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

MINIORE HELLOI
1996

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744	ANCE INVESTMENT GROU	P, INC.						
Principal Plac	e of Business	Mailing Address			LEGALY BHIGGE BILLY HAVE BIH			
620 MAITLAND AVE ALTAMONTE SPRINGS FL 32701		620 MAITLAND AVE ALTAMONTE SPRINGS FL 32701 US						
					 Date Incorporated or Qualified 07/17/1992 			
	lace of Business	2a. Mailing Address		 -	4. FEI Number		00/01	/1995 Applied For
Suite, Apt.	#. etc	26 Suite Ant H at			59-3142587			Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	C		75 Additional
City & State	e	City & State			6. Election Campaign Financing			e Required
Zip	Country	28			Trust Fund Contribution		-	.00 May Be ded to Fees
24	Country 25	Zip 29	Country 30		8. This corporation has liability fo	r intangible ta	x under	s 199.032,
	9. Name and Address of Currer				Florida Statutes Ye 10. Name and Address of New		nent	
			81	Name		Trogistored ;	ygont	
	i, alice Iaitland ave		82	Street Addre	ss (P.O. Box Number is Not Accepta	ablei		
	ATLAND AVE NONTE SPRINGS FL 32701		83					
CLIM	MONTE OF MINOS PE SETUT							
			1 1	City		FL		Zıp Code
Dr voc aka-	O THE PROVISIONS OF SECTIONS OF THE	and 607.1508, Florida Statut	es, the above-nar	ned corpora	tion submits this statement for the pr	repose of oho	anina is.	
tantiliar wit SIGNATURF	th, and accept the obligations of, Sect	ion 607.0505, Florida Statutes	S.			pointment as	nging it: register	s registered office ad agent. I am
Tantiliar with SIGNATURE	n, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS ANI	ion 607.0505, Florida Statutes and title Papplicable. (NO	tes, the above-nar- ted by the corpora s. DTE Registered Agent sign		when reinstaling)	DATE	registeri	ed agent. I am
taniliar wit SIGNATURE _ 12.	n, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS ANI	ion 607.0505, Florida Statutes and title Papplicable. (NO	S. DTE. Registered Agent sig		. от опостога. Тивгару ассерт гла ард	DATE FICERS AND	registeri	FORS IN 12
TANTILIAN WIT SIGNATURE _ 12. TITLE NAME	shmature, typed or printed name of registrated agent OFFICERS ANI D LONG, DOUGLAS	and title if applicable. (NCD DIRECTORS	5. DTE Registered Agent sig		when reinstaling)	DATE FICERS AND	DIREC	ORS IN 12
SIGNATURE _ 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI D LONG, DOUGLAS 620 MAITLAND AVE	and title if applicable. (NCD DIRECTORS	TE Registered Agent signal 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI	gnature required a	when reinstaling)	DATE FICERS AND	DIREC	ORS IN 12
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SIGNATURE: Slice & Klung Alice L. Kling signature and typed or printed named signing officer or director