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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

V66455

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US    Deli Normaniera of Dusmiess   Sa. Mailing Address   Sa. Mail	incipal Place o 2073 VILLA H ORLANDO FL	ERMOSA CT		illing Address PO BOX 720566 ORLANDO FL 32872							
Aprilipad Pface of Business   2a, Mailring Address   4. FET Number   59-3147533   No. April Process   2a, Mailring Address   59-3147533   No. April Process   No. April Proc				US				3. Date Incorporated or Qualified	3a. Date	e of Last Re	eport
Suite, Apt. #, etc.										)4/19/19	95
Suite, Apt. #, etc.    Suite, Apt. #, etc.   277	Principal Plac	ce of Business	2a.	Mailing Address				'			
Solution   State   Solution   State   Solution   State   Solution   State   Solution   State   Solution   So			26								
City & State   City & State   28   29   30   50   50   60   60   60   60   60   6	Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			
28	City & State		271	City & State				6. Election Campaign Financing		\$5.0	May Be
Zp	Oity & Grane		28	2.1,				Trust Fund Contribution			
S. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  HODGES, GEORGE 111 W. MAGNOLIA AVENUE SUITE 107 LONGWOOD FL 32750  1. Pursuent to the provisions of Sections 807 DECC and 807 1506. Florida Statutes, the above named corporation submits this statement for the purpose of changing its rogisterer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Corporation about the provisions of Sections 807 DECC and 807 0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its rogisterer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. CRINATURE    Part	Zip	Country	-	Zip	Co	untry		8. This corporation has liability for	or intangible to	ax under s	199.032,
HODGES, GEORGE 111 W. MAGNOLIA AVENUE SUITE 107 LONGWOOD FL 32750  1. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florids. Such change was authoritied by the corporation's board of directors. I hereby accept the appointment as registered agent. Directors in a corporation in the State of Florids. Such change was authoritied by the corporation's board of directors. I hereby accept the appointment as registered agent. International corporation in board of directors. I hereby accept the appointment as registered agent. International corporation in board of directors. I hereby accept the appointment as registered agent. International corporation in board of directors. I hereby accept the appointment as registered agent. International corporation in board of directors. I hereby accept the appointment as registered agent. International corporation in board of directors. I hereby accept the appointment as registered agent. International corporation in board of directors. I hereby accept the appointment as registered agent. International corporation in board of directors. I hereby accept the appointment as registered agent. International corporation in board of directors. I hereby accept the appointment as registered agent. International corporation in board of directors. I hereby accept the appointment as registered agent. International corporation in board of directors. I hereby accept the appointment are registered agent. International corporation in board of directors. I hereby accept the appointment are registered agent. International corporation in board of directors. I hereby accept the appointment are registered agent. International corporation in board of directors. International corporation in					30					1.0001	
HODGES, GEORGE 111 W. MAGNOLIA AVENUE SUITE 107 LONGWOOD FL 32750  PUTUSENT to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registere or registered agent, or both, in the State of forces. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.  Forcette higher to prevet name of registered agent and an authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.  FORMATURE  Suprison Pricers AND DIRECTORS IN 1.  DELETE  11 THE  AMSPOKER, ROBERT 22 DELETE 12 NAME 23 STREET ADDRESS 14 CITY-ST-2P  DELETE 2 1 THE 22 NAME 23 STREET ADDRESS 14 CITY-ST-2P  DELETE 4 THE 4 THE 4 SAME 33 STREET ADDRESS 14 CITY-ST-2P  DELETE 4 THE 4 SAME 5		9. Name and Address of Cur	rent Regis	tered Agent		101	Name	10. Name and Address of New	Hegistered	Agent	
### AGNOCIA AVENUE SUITE 107 LONGWOOD FL 32750    64 City						"					
SUITE 107 LONGWOOD FL 32750  I. Pursiant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.  GNATURE  Synature, hybrid or protect name of registered floridations of, Section 607.0505, Florida Statutes.  BY   DATE  Synature, hybrid or protect name of registered agent and story of special statutes.  BY   DATE  Synature, hybrid or protect name of registered agent and special sequence Agent agentive required when remaking   DATE  Synature, hybrid or protect name of registered agent and special sequence agent agentive required when remaking   DATE  Synature, hybrid or protect name of registered agent and special sequence agent agentive required when remaking   DATE  Synature, hybrid or protect name of registered agent and special sequence agent agentive required when remaking   DATE  Synature, hybrid or protect name of registered agent and special sequence agent agentive required when remaking   DATE  Synature, hybrid or protect name of registered agent and special sequence agent agentive required when remaking   DATE  Synatic Application is the statute agent age	HODGES	S, GEORGE				82	Street Add	ress (P.O. Box Number is Not Accept	able)		
SUITE 107 LONGWOOD FL 32750    B4   City	111 W. (	MAGNOLIA AVENUE				83					
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1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was submitsed by the corporation's board of directors. I hereby accept the appointment as registered agent, familiar with, and accept the obligations of, Section 607.0508, Floridad Statutes.  IGNATURE  Signature in the purpose of changing its registered agent and the scapticable of the purpose of changing its registered agent. I all the purpose of changing its registered agent, and accept the obligations of, Section 607.0508, Floridad Statutes.  IGNATURE  Signature in the purpose of changing its registered agent and the scapticable of the purpose of changing its registered agent. In the purpose of changing its registered agent, or both, in the Statutes. In the appointment as registered agent, and accept the obligations of, Section 607.0508, Floridad Statutes.  IGNATURE  Signature in provided name of registered agent and the scapticable of the purpose of changing its registered agent, in the appointment as registered agent, in the purpose of changing its registered agent, in the appointment as registered agent, in the appointment as registered agent, in the appointment as registered agent. In the appointment as registered agent, in the appointment as registered agent, the appointment as registered agent. In the appointment agent agent appointment agent agent appointment agent appointment agent agent agent appointment agent agent appointment agent agen	LONGW	OOD FL 32750				64	City		FI	85   Zi	p Code
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SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

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