| CORPC ANNUAL | DEFIT DRATION L REPORT D96 | | IDA DEPARTMENT Sandra B Mortha Secretary of Sta /ISION OF CORPOR | am ite | | | |
|---|--|---|---|---|--|--|--|
| DCUME orporation Na CITRUS | | | (5) | | | | |
| val Place of Business M SOUTH LINE AVENUE FERNESS FL 32652 | | 318 SOUTH | Mailing Address 318 SOUTH LINE AVENUE INVERNESS FL 34452 US | | 3. Date incorporated or Qualified 3a. Date of Last Report | | |
| inopal Place | o' Business | 2a. Mailing Ad | dress | | 10/01/1981 4. FEI Number | 06/12/199 | |
| iite, Apt. ≜, ei | 910 | 26 Suite, Apt. 27 | #, 6tC. | | 59-2123944 5. Certificate of Status Desired | \$8.75 | |
| ty & State | · · · · · · · · · · · · · · · · · · · | City & Stat | le | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added | May Be |
| ۱ | Country 25 9, Name and Address of Curre | Zip 29 | 30 | ountry | 8. This corporation has liability for in Florida Statutes 10. Name and Address of New Re | □ No | 99.032, |
| | KENNETH L., M.D. | | | 82 Street Add | | | |
| 318 SOUT INVERNES | TH LINE AVE. SS FL 34452 the provisions of Sections 607.053 | 2 and 607, 1508, Flor | rida Statutes, the ab | 83 84 City bove-named corpo | ration submits this statement for the pur | PL pose of changing its reg | Code gistered offic |
| 318 SOUT INVERNES | TH LINE AVE. SS FL 34452 the provisions of Sections 607.050 agent, or both, in the State of Flor and accept the obligations of, Sec ratine, tured or pentiet name of Represe age | ida, Such change wa tion 607.0505, Florid tand file Papelicatio | In Statutes. | B3 B4 City Dove-named corpo corporation's boa | ration submits this statement for the pur rd of directors. I hereby accept the appo division renstating) | PL pose of changing its registered a pintment as registered a | gistered offic gent. I am |
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