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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37079

(1)

SALMON & ASSOCIATES, INC.

| 626 HIGHLANDIA DR. BATON ROUGE LA 70810 | | 626 HIGHLANDIA DR. BATON ROUGE LA 70810-5910 | | | | | | | |
|--|---|---|------------------------|---|---|--|-----------------------------------|-----------------------------|--|
| | | | | | | 3. Date Incorporated or Qualified 01/06/1992 | 3a. Date o | | eport |
| 2. Principal Pl | ace of Business | 2a. Mailing Ac | ddress | | | 4. FEI Number | 1 4-11 | | plied For |
| 1 | | 26 | | | | 72-0835998 | | No | t Applicable |
| Suite, Apt | # _e eta | Suite, Apt. | #. eta. | | | 5. Certificate of Status Desired | | | Additional |
| 2 | | 27 | | | | Commedia of Glates Desired | <u> </u> | Fee Re | quired |
| City & State | , | City & Stat | te | | | 6. Election Campaign Financing | | \$5.00 | • |
| 3. | | 28 | | | | Trust Fund Contribution | | Added t | |
| - Zφ Π | Country | Zip | - | Country | | 8. This corporation has liability fo | | | 199.032, |
| <u> </u> | 25 9. Name and Address of Curre | 29 29 | 3 | 0 | | Fiorida Statutes 10. Name and Address of New R | Yes XN | | |
| СТ | CORPORATION SYSTEM | ant neglistered Agen | <u> </u> | 81 | Name | IV. Name and Address of New H | aftistaten who | 111 | |
| | SOUTH PINE ISLAND ROAD | | | | | | | | |
| | NTATION FL 33324 | | | 82 | Street Add | dress (P.O. Box Number is Not Accepta | ble) | | |
| PLA | NIAHON PL 33324 | | | 83 | | 1814 | | | |
| | | | | 0.3 | | | | | |
| | | | | 84 | City | | FL ⁸ | 5 Zip (| Code |
| ■ D | to the arguing of Septem a 207 fit | 00 and 607 1609 El | orida Ptatulon | the above | | poration submits this statement for the | | | ! |
| office or re | egistered agent, or both, in the Stat | te of Florida. Such ch | hange was au | thorized by | the corpora | ation's board of directors. I hereby acc | purpose or chi opt the appoint | ment as | s registered registered |
| agent 1 a | m familiar with, and accept the obli- | gations of, Section 6 | 07.0505, Flori | da Statutes | | | | | |
| SIGNATURE | | | | | | | | | |
| SIGNACIONE | | | ANATE | | | | D170 | | |
| | Signal - Special procedures or register as a OFFICERS A | | (NOTE I | | nt signature requ | ired when reinstating) | DATE CERS AND DU | RECTOR | S IN 12 |
| 2. | OFFICERS A | ND DIRECTORS | | 13. | nt signature requ | uired when reinstating) ADDITIONS/CHANGES TO OFF | CERS AND DI | | |
| 2. | OFFICERS AF | ND DIRECTORS | (NOTE I | 13. 1.1 TITLE | nt signature requ | | CERS AND DI | RECTOR Change | |
| 2. !:! ^/V! | OFFICERS AF CDP Salmon, Michael W. | ND DIRECTORS | | 13. 1.1 TITLE 1.2 NAME | | | CERS AND DI | | |
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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR