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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham · Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

POSOCOO (6)

T2P ENTERPRISES, INC. Principal Place of Business Mailing Address								
419 FLAGLER NEW SMYRNA BEACH FL 32169		419 F	419 Flagler New Smyrna Beach Fl 32169					(, 16 (
		****	om Hills Den	OFFIC GETUS		3. Date Incorporated or Qualified	3a. Date of I	Last Report
2. Principal Pla	ace of Business	2a. Mailing	Address	• • • • • • • • • • • • • • • • • • • •		07/28/1995 4. FEI Number		Applied For
		26				59-3328628		Not Applicab
Suite, Apt. #		Suite /	Apt. #, etc			5. Cert-ficate of Status Desired	_ \$	8.75 Additional Fee Required
City & State	?	Oty & !	State			6. Election Campaign Financing		\$5.00 May Be
Zip	Country	[28] Z _{ID}		Country		Trust Fund Contribution	<u>-</u>	Added to Fees
]	25	29		30		8. This corporation has liability for Florida Statutes Yes		ider's 199.032,
	9. Name and Address of Co	urrent Registered A	gent			10. Name and Address of New F		nt
.501 N. Suite Orlan	NDO FL 32801			83	Street Addres	ss (P.O. Box Number is Not Acceptat	FI ⁸	'
	100	04.00						
familiar with	h, and accept the obligations of,	Section 607.0505, Hi	e was admorzi onda Statutes	en by the corpora s.	ation's board	ton submits this statement for the pu of directors. I hereby accept the app	ointment as regi	ng its registered offi stered agent. I am
familiar with	th, and accept the obligations of,	Section 607.0505, Hi	e was admorzi onda Statutes		ation's board	of directors. Thereby accept the app	DATE	stered agent. I am
familiar with	th, and accept the obligations of,	Section 607.0505, He control of the	e was admorzi onda Statutes	On by the corpora	ation's board	of directors. Thereby accept the app	DATE	stered agent. I am
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familiar with HGNATURE 2. TLE AME FREEL ADDRESS	Spatze pod or printing a dispersion of OFFICE RS PRESIDENT SHELDON PESTI 5 69 5. LONGVIEW	Section 607.0505, Fi	onda Statutes	en by the corpora i. i. Expected April 5 1.1 TITLE	ation is board	of directors. Thereby accept the app	DATE FICERS AND DIF	stered agent. I am
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 904-423-1469