

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002629 (3)

1. Corporation Name

ANNO DOMINI, INC.

Principal Place of Business

2911 SCOTT MILL LANE
JACKSONVILLE FL 32217

Mailing Address

P.O. BOX 32405
JAX FL 32237-0405
US



3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

93-0799236

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

23

28

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAINIE, W W
4190 BELFORT ROAD
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BOWERS, JOHN
STREET ADDRESS 2911 SCOTT MILL LANE
CITY-ST-ZIP JACKSONVILLE FL 32217

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TDS
NAME JENKINS, KATHLEEN
STREET ADDRESS 10467 DOCKSIDER DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32257

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME WILBERT, DAVID
STREET ADDRESS 4327 RUSTLING LEAF LANE
CITY-ST-ZIP JACKSONVILLE FL 32258

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SHILLING, MARTY
STREET ADDRESS 3385 CHEYENNE LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME RAINIE, WARD
STREET ADDRESS 4304 FALLING LEAF COURT
CITY-ST-ZIP JACKSONVILLE FL 32258

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME STRATHMANN, DAVID
STREET ADDRESS 12451 MUSCOVY DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32223

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 904-281-8619

Date

Daytime Phone #

CR2E037 (12/95)