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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J30260

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FILED
Apr 22 1997 8:00am
Secretary of State

DIL DIN

Principal Place of Business Mailing Address Principal Place of Business Mailing Address C/O LEBOEUF, LAMB. GREENE, & MACRAE SUITE 202 JACKSONVILLE FL 32216 US Mailing Address C/O LEBOEUF, LAMB. GREENE, & MACRAE SON LAURA ST., SUTIE 2800 JACKSONVILLE FL 32202-3664 US									
					3. Date Incorporated or Qualified 08/22/1986		ate of Last P 16/1996	teport	
Principal P	Pace of Business	2a. Mailing Address			4. FEI Number 59-2720707			oplied For of Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc			5. Certificate of Status Desired		\$8.75	Additional	
City & Stat	6	City & State						equired	
Oity & Cital		28			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Žip	Country	Zip	Cour	ntry	8. This corporation has liability for			. 199.032,	
	25) 9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes 10. Name and Address of New I	X Yes Registered			
SMIT	TH. DALE F.			81 Name					
	CENTURY 21 DR.		ŀ	82 Street A	Address (P.O. Box Number is Not Accept	able)			
	TE 202 KSONVILLE FL 32216		-	83	· · · · · · · · · · · · · · · · · · ·	·			
JAC	NSUNVILLE PL 32210		Ĺ						
			ţ	84 City		FL	85 Zip	Code	
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	Signature Aprea or printed rises of registered a OFFICERS AT	gent and the Papplicable ND DIRECTORS DELETI	13.		required when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI			
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 am an officer or director of the corporation or the receiver or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an affecting with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #

0029686