

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 20 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000094982 (2)**

1. Corporation Name  
**A & N OF JAX, INC.**



Principal Place of Business  
**430 W 8TH ST  
JACKSONVILLE FL 32206**

Mailing Address  
**430 W 8TH ST  
JACKSONVILLE FL 32206-4333**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/14/1995</b>	3a. Date of Last Report <b>03/06/1996</b>
21. State, Apt #, etc.	22. City & State	26. State, Apt #, etc.	27. City & State	4. FEI Number <b>59-3350394</b>	Applied For Not Applicable
23. Zip	Country	28. Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24. 25.	29. 30.	9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**NAMMOUR, NAMMOUR E  
430 W 8TH ST  
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTAR, NICK	1.2 NAME	
STREET ADDRESS	11463 MANDARIN GLEN CIR E JACKSONVILLE FL 32223	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32223	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAMMOUR, NAMMOUR E	2.2 NAME	
STREET ADDRESS	11460 MANDARIN GLEN CIR E JACKSONVILLE FL 32223	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32223	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAMMOUR, CAMELL	3.2 NAME	
STREET ADDRESS	11480 MANDARIN GLEN CIR E JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTAR, ROBERT	4.2 NAME	
STREET ADDRESS	11463 MANDARIN GLEN CIR E JACKSONVILLE FL	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 included 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 officer or director 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 attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/17/97** DAY: **904 725286**

SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR: **N. Antares Nammour**

CR2E034 (9/96)