

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

**FILED**

**Apr 30 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 # P96000063587 (5)**

**9401 WAYPOINT PLACE, INC.**



Principal Place of Business

Mailing Address

**10110 SAN JOSE BLVD.  
JACKSONVILLE FL 32257**

**10110 SAN JOSE BLVD.  
JACKSONVILLE FL 32257-5838**

3. Date Incorporated or Qualified <b>07/30/1996</b>	3a. Date of Last Report —
4. FEI Number <b>59-3397363</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address **DR. T. THOMMI**

21 **9401 WAYPOINT PLACE INC.**  
Suite, Apt. #, etc.

26 **9401 WAYPOINT PLACE**  
Suite, Apt. #, etc.

22 **JACKSONVILLE - FL**  
City & State

27 **ATTN. GRACE THOMMI**  
City & State

23 **32216**  
Zip

28 **JACKSONVILLE - FL**  
Zip

24 Country **USA**

29 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, ROBERT M  
10110 SAN JOSE BLVD.  
JACKSONVILLE FL 32257**

81 Name <b>THOMAS THOMMI MD</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9401 WAYPOINT PLACE INC.</b>
83 <b>JACKSONVILLE - FL</b>
84 City
85 Zip Code <b>FL 32216</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. 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **THOMAS THOMMI MD - PRESIDENT** **4/28/97**  
Signature, typed or printed name of registered agent and title. (Not applicable) (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>THOMMI, THOMAS</b>	
STREET ADDRESS <b>3608-1 CARDINAL POINT DRIVE</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32257</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>GRACE KYRURAMBATH</b>	
STREET ADDRESS <b>9401 WAYPOINT PLACE</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32216</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE <input checked="" type="checkbox"/> PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME <b>THOMAS THOMMI</b>	
13 STREET ADDRESS <b>9401 WAYPOINT PLACE</b>	
14 CITY-ST-ZIP <b>JACKSONVILLE FL - 32216</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **4/28/97** **004 733-6677**

CR2E034 (9/96)