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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # S56156

(0)

DISMANTLING CORPORATION

SMANILING COHPORATION

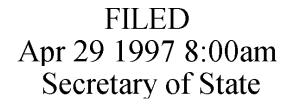
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Principal Place of Business

Mailing Address

1832 NORTH LANE AVENUE JACKSONVILLE FL 32205

1832 NORTH LANE AVENUE JACKSONVILLE FL 32254-1528





										 Date Incorporated or Qualified 05/28/1991 		ate of Last Fi 5/01/1996		
2. Principal Pl	ace of Busin	28	2a. Mailing Address						4. FEI Number	<u> </u>		oplied For		
21				26				59-3076394			Not Applicable			
Sulte, Apt	#, etc.		Suite, Apt. #, etc.							<u></u>		Additional		
22				27						5. Certificate of Status Desired			equired	
City & State	3		City & State						6. Election Campaign Financing \$5.00 May Bo					
23		28	28						Trust Fund Contribution			to Fees		
Zip		Country		Zip		Сэц	intry			8. This corporation has liability for intangible tax under s. 199.032,				
24							30			Florida Statutes Yes No				
	and Address of Curre	nt Regi	stered A	gent		Ι	10. Name and Address of New Registered Agent							
	BANKS, RO						81	Name						
1932 NORTH LANE AVENUE							82 Street Address (P.O. Box Number is Not Acceptable)							
JAC	CKSONVILL		or street			SHOOLAG	guiless (n.O. Box indinuer is not acceptable)							
							83				·			
}														
							84	City			FL	85 Zip	Code	
11. Pursuant t	to the provis	ions of Sections 607.05	02 and	G07.1508	, Florida Statut	es, the a	hove	e-named o	orpora	ition submits this statement for the		f changing i	s registered	
office or re	egistered ag	ent, or both, in the State	e of Flor	ida. Such	i change was a	authorize	d by	the corpo	oration	s board of directors. I hereby acc	opt the app	ointment as	registered	
	m ramıllar wi	th, and accept the oblig	ลูสสงกร (эт, бесцо	n 607.0505, Fi	onda Sia	lutes	š.,					ļ	
SIGNATURE	Sinusiure typyd	or printed name of registered as	entandle	e if anytheren		I. Benefite	d Ann	ool Sansahure re	a ued v	dien reinstaling)	DATE			
12.	eignotore, type o	OFFICERS AN				13.				ADDITIONS/CHANGES TO OFF		DIRECTOR	IS IN 12	
TITLE	PTD -				DELETE	1.1 1	116			~ 	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	EUBAN	ks, robert e				1.2 N	AME	1						
STREET ADDRESS		1 & FOURACKER R	D					ADDRESS					i	
t i		VILLE FL	=				(1Y - S	I						
CITY-ST-ZIP TITLE	SD				DELETE	217		1-71				Change	Addition	
NAME		KS, BONNIE												
STREET ADORESS		1 & FOURACKER R	Ď				2.2 NAME 2.3 STREET ADDRESS						İ	
1	BRYCE	VILLE FL					2.4 CITY-ST-7#P						ŀ	
CITY-ST-ZIP TITLE				· · · · · ·	DELETE	3.11		51 - 211'				Change	Addition	
					LJonen							[] Onlinge		
NAME						32 N								
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP					DELETE			ST - ZIP				Change	Addition	
TITLE					L. DELETE	4.1.1		}				Change	Addition	
NAME						4 2 1								
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP							11Y-S	1 - ZIP		, , , , , , , , , , , , , , , , , , ,				
TITLE					DELETE	5.11						Change	☐ Addition	
NAME						5.2 N	AME	Ì						
STREET ADDRESS						5.3 S	TREET	ADDRESS						
CITY-ST-ZIP						5.4 C	IIY-S	II-ZIP						
TITLE					DECETE	6.1 T	ITLE					Change	☐ Addition	
NAME						6.2 N	AME							
STREET ADDRESS						638	TREET	ADDRESS					}	
CITY-ST-ZIP							HY-S							
		the information and	. افتر در اص	40.00	-1					Casting 440.07/20/31 Florida Clab	ton I double a		41.4	

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 eath; that I am an officer or director of the corporation or but 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

CICMATUDE.

4.23.9