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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Şandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28 1997 8:00am Secretary of State

	IMENT # S8 or Name S & ASSOCIATES, I I		(6)							
rincipal Place of Business 000 SAWGRASS VILLAGE CIRCLE JITE 28 SMTE VEDRA BCH FL 32082		P. PC	Mailing Address P. O. BOX 2349 PONTE VEDRA FL 32004-2349 US				O DAIH WEDEE WANEE	OPPORTURE	VIUIT (AI	Au iani
MIE AEDU	H DON I'C SEGGE	Ų,	3			3. Date Incorporated or Qualif	1	ate of La		port
Denoised	Pace of Business		, Mailing Address			10/10/1991 4. FEI Number	04	<u>/19/19</u>		llad For
i I	Frace of Eduliess	26	Naming Address			59-3092339		-	~~~~	lied For Applicable
Suite, Apt	t #, elc		Suite, Apt. #, etc.					\$8.		dditional
]		27) 			5. Certificate of Status Desired	l		e Req	·
City & Sta	ite	<u> </u>	City & State			6. Election Campaign Financin	ng [T]			/ay Be
] - Zip	Country	28	Zip	Countr	ry	Trust Fund Contribution 8. This corporation has liability			ded to	
]	25	29]	30	•	Florida Statutes	Yes		acra.	193.002.,
	9. Name and Addres	s of Current Reg	stered Agent			10. Name and Address of Nev	v Registered	Agent		
FA	JANS, ROBERT G			8	1 Name					
13000 SAWGRASS VILLAGE CIRCLE				8	2 Street Add	dress (P.O. Box Number is Not Acce	ptable)			
	ITE 28			8:						·—·
PO	nte vedra BCH FL 32	2082		9	3					
				84	4 City		Fi	85	Zip Co	ode
. Pursuari	I to the provisions of Sections	ons 607 0502 and (607.1508, Florida Stat	utes, the abo	ve-named cor	poration submits this statement for	the purpose (or chang	nių its	
	il to the provisions of Section ringistered agent, or both, ann familiar with, and acce	ons 607 0502 and (in the State of Flor ipt the obligations o	607.1508, Florida Stati ida: Such change wa of, Section 607.0505,	utes, the abo s authorized t Florida Statute	ve-named cor by the corpora es.	poration submits this statement for ation's board of directors. I hereby a	the purpose occept the ap	or chang pointmei	ntas re	egistered
	Styrioture By - Lov printed name	of register, diagent and till	le il applicabie. (N	OTE Hagistered A		ured when re-installing)	DATE			
GNATURE	Styrocure, by a disciplanted ingole-		le it applicable. (N CTORS	OTE flagistered A	gent a gnature requ		DATE	D DIREC	CTORS	IN 12
IGNATURE 2.	Styround Synal or protect opens OF	of registered agent and all FICERS AND DIRE	le il applicabie. (N	OTE Hagistered A	gents gnature requ	ured when re-installing)	DATE		CTORS	
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IGNATURE 2. ILE IME RELI ADDRESS	PST FAJANS, ROBERT G 13000 SAWGRASS N	of registered agent and all FICERS AND DIRE	ie il applicabie. (N CTORS DELETE	OTE Hogistered A	gent signature requirements	ured when re-installing)	DATE	D DIREC	CTORS	IN 12
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receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name en glace myon with an address.