FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # 2468 INELL SERVICE CORPOR		(6)			t idojid kidil didka dijal kaliki	BIIN AIKI BIBII ONDI; AIAKI	1 1811 11811 11811 118
Principal Place of Business N 1914 BECHHWAY ROAD SUITE 3- ()			ailing Address 1914 BECHHWAY RI SUITE 3- [***	OAD				
	LLE FL 32207		JACKSONVILLE FL	32207		3. Date Incorporated or Qualified 04/25/1961	3a. Date of Last 04/19/	
2. Principal Pia	ce of Business	2a.	Mailing Address			4. FEI Number	1 04,10,	Applied For
Suite, Apt. #	t etc	26	Color No. 11 of color			59-0947845		Not Applicable
13	ite 3 m	27	Suite, Apt. #, etc.	3-r	\sim	5. Cortificate of Status Desired		5 Additional
City & State			City & State		<u> </u>	6. Election Campaign Financing		Pequired
1		28				Trust Fund Contribution		00 May Be led to Fees
Zipi [Country 25	29	Zip	Country 30		This corporation has liability for Florida Statutes		
	9. Name and Address of Curr	ent Regisl	ered Agent			10. Name and Address of New I	Registered Agent	
				81	Name			
	CHARLOTTE EACHWAY ROAD			82	Street	Address (P.O. Box Number is Not Acceptal	ole)	···
SUITE :				83				
	ONVILLE FL 32207							
				84	City	orporation submits this statement for the pu	- '	Zip Code
IGNATURE s	Uport on Espect or prioto Finance of registered ag OF FICERS A			Tt Registered Ager	t signature r	propried when reinstaring! ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT	ORS IN 12
LF	PD		☐ DELETE	1 1 TITLE			☐ Change	
ME BE: I ADORESS	LINN, CHARLOTTE 1914 BCHWY RD, STE 3-	м		1.2 NAME				
Y-\$1-7/P	JACKSONVILLE FL	IM		1.3 STREET				
if i	DVP	·	DELFTE	1.4 City - S 2 1 Title	1 - ZIP		☐ Change	☐ Addition
Mt	LOVE,MARY ELLEN			22 NAME				
HFLL ADDRESS Y-ST-ZIP	1914 BCHWY RD STE 3-L JACKSONVILLE FL	3 m		2 3 STREET 2 4 DITY - S		suite 3 m		
ı.E	DVT		☐ DELETE	3 1 TITLE			Change	☐ Addition
Mf.	RANTZ, JACOB F.			3.2 NAME				
REEL ADDRESS	1914 BCHWY RD STE 3-L JACKSONVILLE FL	:3 m		33 STREET		Suite 3 m		
IY S1-ZIF	DVS		DELETE	34 CITY-S 4 1 TITLE	F-ZIP		Change	FT Addition
Mt	LINN, JAMES A.			4 2 NAME			Change	Addition
RELL ADOMESS	1914 BCHWY RD STE 3-L	: 3 m	,	4.3 STREET	ADDRESS	Suite 3m		
14 · 51 · ZIP	JACKSONVILLE FL			4 4 CITY - S				
LE :	DVP		DELETE	5 1 TITLE			☐ Change	Addition
ME MEST ABBOUND	RANTZ, BARBARA	L マ トー-		5.2 NAME		Suite 3m		
REEL ADDRESS LY-ST-ZIP	1914 BCHWY RD., STE 3- JACKSONVILLE FL	r-3/1	*	5.3 STREET		Suite on		
IF	ON O		DELETE	5 4 CITY-ST 6 1 TITLE	- 218		[] Change	Addition
N't				6.2 NAME			- Cuarige	□1 vaquion
REFIT AFORESS				6 3 STREET	ADDRESS			
Y - S1 - ZIP		<u></u> -		6 4 CITY-SI	-ZIP			
oath; that I a		idal report ioration or t	or supplemental anni. The receiver or trustee	iai report is trui empowered to		lify for the exemption stated in Section 119. curate and that my signature shall have the e this report as required by Chapter 607, Flo		

SIGNATURE: Bushall Same Cas Claule Line 2/20/96 399-5707
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description Priore F

CR2F034 (12/95)