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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCL	IN # C	ENI	т 4

300408

(2)

SAW	YER, NUNN & ASSOCIATE	s of Miami, in	C.						
Principal Place of Business Mailing Address 3663 2ND ST MOULTRIE 3663 2ND STREET					1 188/88 12011 88011 81011 81011 81	101 i p ei u iuii i		DIGIL BIBIS BIBIS (BBI	
ST AUGUS	TINE FL 32086	ST AUGUST	TINE FL 32086			}			
US		US				3. Date Incorporated or Qualified	3a. Date	of Last	Report
						01/04/1966		04/07/	1995
	ace of Business	2a. Mailing Add	ress			4. FET Number		<u> </u>	Applied For
Suite, Apt. a	# etc	26 Suite, Apt. #				59-1061723		\$0.7	Not Applicable 75 Additional
22	, B.O.	27	, 0.0.			5. Certificate of Status Desired			e Required
City & State		City & State				6. Election Campaign Financing		\$5.	00 May Be
23		28				Trust Fund Contribution	Ш		led to Fees
Z _i p 	Country	Zφ	Count	ry		8. This corporation has liability for i		x under	s 199.032,
24	9. Name and Address of Currer	29 nt Registered Agent	[30]			Florida Statutes Yes 10. Name and Address of New R		Agent	
	o, manie and manie of carro	riogiotoroo 71goria		11	Namo		vg.c.c.ca		
NUM	, JAMES W JR			2	Street Ad	dress (P.O. Box Number is Not Acceptab	ks)		
	ND STREET			-	Street Mor	dress (i. to. box Names is Not Accepted	ic)		
	JGUSTINE FL 32086		8	3					
			. 8	4	City			85	Zip Code
44.0]		· ; - · · · · · · · · · · · · · · · ·	- FL	1	·
or register	o the provisions of Sections 607.050, and agent, or both, in the State of Flori	da. Such change was	a Starutes, the above authorized by the co	∌-na rpoi	amed corporation's bo	oration submits this statement for the pur ard of directors. Thereby accept the appo	pose or cha sintment as	inging its registere	s registered office ed agent. Lam
•	h, and accept the obligations of, Sec	tion 607.0505, Florida	Statutes.						
SIGNATURE .	Signature, typed or printed name of registered agen	t and little if applicable	(NOTE: Registered Ag	jent !	Sigirial iro festion	reas within temporaring	DATE		•
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	IORS IN 12
THTLE	PD	DEL	.ETE 1. 1 THTL	۴] Change	e 🔲 Add-tion
NAME	JAMES W. NUNN, JR.		1.2 NAM	E					
STREET ADDRESS	3663 2ND ST MOULTREE		1.3 STRE	ETA	ADDRESS				
C:TY-ST-Z:P	ST AUGUSTINE FL	F ↑ DEI	1.4 CHY		- ZIP			7 Change	a C Addition
TITLE	SD	Det					L] Change	e 🔲 Addition
NAMÉ CZOCET ADDRESO	NUNN,CYNTHIA 3663 2ND ST		2 2 NAM 2 3 STPE		rapal cc				
STREET ADDRESS CITY-ST-ZIP	ST AUGUSTINE FL		24 CITY						
TITLE	TD	□ DEC					Г	Change	e 🔲 Addition
NAME	NUNN CYNTHIA		3.2 NAM				•		
STREET ADDRESS	3663 2ND ST		33 \$TR	EET #	ADDRESS				
CITY - ST - ZIP	ST AUGUSTINE FL		3 4 C ITY	- \$1-	- 719				
TITLE	STV	☐ DEL	.E1E 4.111!L	E		- · · · · · · · · · · · · · · · · · · ·] Change	e 🔲 Addition
NAME	DNUNN, CYNTHIA		4.2 NAM	E					
STREET ADDRESS	3663 2ND ST		4 3 STRE	ET A	LODRESS				
CITY-ST-ZIP	ST AUGUSTINE FL		4 4 CITY		-7IP				
TITLE		☐ DEL					L] Change	e 🗌 Addition
NAME CARGEL ADODESS			5.2 NAM		peores				
STREET ADDRESS			5.3 STRE		1				
CITY-ST-ZIP THILE		DEL	5.4 CHTY ETE 6.1 TITL		- ZIP		·	Change	e
NAME		L) 500	6.2 NAM		i		L	_,	
STREET ADDRESS			63 STRE		DDRESS				
CITY-ST-ZIP			6.4 CITY						
	certify that the information supplied	with this filing is volunt				for the exemption stated in Section 119.	07(3)(k), Fio	rida Stat	utes I further

certify that the information inflicated 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 or an attachment with an address.

SIGNATURE;

1/17/96 904 794 4200