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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Scoretary of State

DOCU	1996	700	~~~~	DIVISION O	F CORPORA	RNOITA						
1. Corporatio	MENT : in Name	# 30583	4	(4)								
A.L. I	HOSPERS	& ASSOCIATES, I	NG.					1 140 160 1101 0 mg. a	**** *****		***** *****	
Principal Place	e of Business			lailing Address								
11455 SAIN			199	_								
JACKSONV	ILLE FL 32246			PO BOX 54309 JACKSONVILLE FL 3	32245							
US				US				3. Date incorporated or	Ovelland	T - D-4		
	· · · · · · · · · · · · · · · · · · ·							06/07/1966	Quaimeo		e of Last 05/01/ 1	
	ace of Busines	S	1	Mailing Address				4. FEI Number		L	00,01,	Applied For
Suite, Apt.	# etc		26	0.0.4.1.0	•			59-1142272				Not Applicable
2	#, U.G.		27	Suite, Apt. #, etc.				5. Certificate of Status D	esired			5 Additional
City & State	9		* :1	City & State		······································	•			<u> </u>		Required
3			28					6. Election Campaign Fir Trust Fund Contribution	_			00 May Be ed to Fees
Zip ∃	-	Country	ļ ₁	Zip	Coun	try		8. This corporation has li		ntangible ta		
1	o Name a	5 nd Address of Current	29		30			Florida Statutes	Yes	□ No		
· · · · · · · · · · · · · · · · · · ·	g. Hallie al	na Adoress of Current	Heyis	tereo Agent		31 Name		10. Name and Address	of New Re	gistered	Agent	
JACKIN	IS, L. LANE				Ĺ		· · · · · · · · · · · · · · · · · · ·					
	PLEASANT V	ALLEY OR			8	32 Stree	t Addres	ss (P.O. Box Number is Not	Acceptable	9)		
JACKS	ONVILLE FL	32225			8	33			·			
					-	34 City			·			
4.5						,				FL	, ,	ip Code
or register	o the provision: ed agent, or bo	s of Sections 607,0502 a ith, in the State of Florida	ind 607 i. Such	7 1508, Florida Statut change was authoriz	es, the above	e-named o	corporat	ion submits this statement for directors. I hereby accep	or the purp	ose of cha	inging its	registered office
familiar wit	n, and accept t	the obligations of, Section	n 607.0	0505, Florida Statutes							rea stere	diadent Lam
				The District	i.		o coara		τικο αρροι	ration as		o agonti i zimi
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SIGNATURE	Signatura typect or p P JACKINS	ornhold name of registered agent are OFFICERS AND I	d tak-ir aj DIREC	n Mabe (NC TORS	TE Registered As	gent signaturu F		men nemstatingi		DATE CERS AND	DIRECTO	ORS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HYME OF SIGNING OFFICER OR DIRECTOR

30/ey 904-642-8701