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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 305834

(4)

A.L. HOSPERS & ASSOCIATES, INC.

FILED Apr 30 1997 8:00am Secretary of State



Principal Pt						BJAN STEIL BYRT BIAN B	LUMPA MYMAL RUMBI
,	ace of Business	Mailing Address				#1411 <b>#1411</b> #1411 #1411 #	
11455 SAIN JACKSONVI	ts road LLE FL 32248	PO BOX 54309 JACKSONVILLE FL 32245-4309					
US		US			3. Date Incorporated or Qualified 06/07/1966	3a. Date of Las 05/01/199	•
2. Principa	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21]		26			59-1142272		Not Applicable
Suite, Ap	il #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & Si	ate	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ad to Fees
Ζφ	Country	Zip	Coun	otry	8. This corporation has liability for in	ntangible tax unde	r s. 199.032,
4	25	29	30			Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	pistered Agent	
J	ackins, L. Lane			81 Name			
1	3786 PLEASANT VALLEY DR		ļ <sub>i</sub>	B2 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
J	ACKSONVILLE FL 32225		[				
			T T	B3			
			) <del>,</del>	B4 City	······································	FL 85 Z	ip Code
44 6	to the considerate of Cardiana COZ OF OS	and 607 1500. Florida Éta	hdan tha abi	1	specified authority this statement for the p		a to registered
office c	or registered agent, or both, in the State of	of Florida. Such change wa	as authorized	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	t the appointment	as registered
agent	Lam familiar with, and accept the obliga	tions of, Section 607.0505,	Florida Statu	rtes.			~
SIGNATUR	f						
		40	MATE D		And American Control of the Control	DATE	
19	Signature typics or proceed name of registered agen			Agent signature requ	ulred when reinstating)	DATE FRS AND DIRECT	ORS IN 12
	Signature by its or united marke of registered agen OFFICERS AND	DIRECTORS	13.		ulrad when reinslating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
lileE	OFFICERS AND		13. 11 Tete	LE			
TITLE NAME	P JACKINS,L. LANE	DIRECTORS	13. 11 TITE 1.2 NAA	LE. ME		ERS AND DIRECT	
TITLE NAME STREET ALORES	OFFICERS AND P JACKINS,L. LANE 13788 PLEASANT VALLEY DR	DIRECTORS	13. 11 TITL 1.2 NAA 1.3 STR	LE ME REET ADDRESS		ERS AND DIRECT	
TITLE Name Street alores Oily-St-Zip	OFFICERS AND P JACKINS,L. LANE 13786 PLEASANT VALLEY DR JACKSONVILLE FL	DIRECTORS DELETE	13. 11 TITE 1.2 NAA 1.3 STR 1.4 CITY	LE ME REET ADDRESS Y-ST-ZIP		ERS AND DIRECT	ge Addition
TITLE NAME STREET ALORES OITY-ST-ZIP TITLE	OFFICERS AND P JACKINS,L. LANE 13766 PLEASANT VALLEY DR JACKSONVILLE FL D	DIRECTORS	13. 11 THTE 1.2 NAA 1.3 STR 1.4 CHD 2.1 HITE	LE ME ME REET ADDRESS Y-ST-ZIP LE		ERS AND DIRECT	ge Addition
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THEE NAME STREET ALORES GITE-ST-ZIP THEE NAME STREET ADDRES GITY-ST-ZIP THEE NAME	P JACKINS,L. LANE 13788 PLEASANT VALLEY DR JACKSONVILLE FL D JACKINS, MARJORIE 13788 PLEASANT VALLEY DR JACKSONVILLE FL D JACKINS, JENNIFER	DIRECTORS  DELETE  DELETE	13. 11 TITL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	ME M	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT  Chang	ge Addition
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TITLE  NAME  STREET ALORES  COLY: ST-ZIP  TITLE  STREET ADDRES  COLY: ST-ZIP  TITLE  NAME  STREET ADDRES  COLY: ST-ZIP  TITLE  NAME  STREET ADDRES  COLY: ST-ZIP  TITLE  NAME  STREET ADDRES  COLY: ST-ZIP  TITLE	P JACKINS,L. LANE 13788 PLEASANT VALLEY DR JACKSONVILLE FL D JACKINS, MARJORIE 13788 PLEASANT VALLEY DR JACKSONVILLE FL D JACKINS, JENNIFER 13788 PLEASANT VALLEY DR JACKSONVILLE FL D JACKINS, MARY LANE 13788 PLEASANT VALLEY DR JACKSONVILLE FL	DIRECTORS  DELETE  DELETE	13. 11 TITL 1.2 NAA 1.3 STR 1.4 CYT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT 6.1 TITL	LE  ME  ME  ME  ME  ME  ME  ME  ME  ME	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT  Chang  Chang	ge Addition  ge Addition  ge Addition  ge Addition
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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 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 on an attachment with an address.

SIGNATURE:

INATURE AND TYPED OR PRINTED WAS OF SIGNING OFFICER OR DIRECTOR

3/12/97

cirile Phone #

0044253