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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Socretary of State

DIVISION OF CORPORATIONS

1996

324833

(3)

rporation Name

DOCUMENT #

all	.ISON	PROPERTIES	INC

Principal Place of Business

2274 LAKE SHORE BLVD.

JACKSONVILLE FL 32210

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

24

 Z_{10}

Mailing Address

2a. Mailing Address

City & State

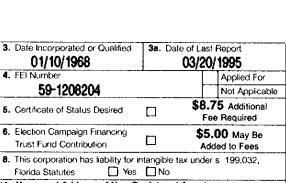
Suite, Apt. #, etc.

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29

2274 LAKE SHORE BLVD.

JACKSONVILLE FL 32210



ALLISON, R.D. 2274 LAKE SHORE BLVD JACKSONVILLE FL 32210

Country

9. Name and Address of Current Registered Agent

25

	Florida Statutes Lili Yes Li No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

30

SIGNATURE	Sopracting, type of or peritod memoral registeres support and their application	(NOTE PE	suistered Agent's onature re	e sared when renstating:
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.101	PD □	DELETE	1. 1 TITLE	DC Addition
NAM+	ALLISON,R D		12 NAME	Allison RD
STREET ADDRESS	2274 LAKE SHORE BLVD.		1.3 STREET ADDRESS	2274 Lake Shore Blvd.
Lety - St - ZiP	JACKSONVILLE FL		1.4 CHTY - ST - ZIP	Jacksonville, Florida 32210
Till	SD [) DELETE	2 1 ÎTÎLE	Change Addition
NAM:	ALLISON,EDNA K		2.2 NAME	
STREET ADDRESS	2274 LAKE SHORE BLVD.		23 STREET ADDRESS	
CHY ST 20	JACKSONVILLE FL		24 CHY-ST-ZIP	
ווויי] DELFTE	3 1 TITLE	DP Change & Addition
NAM:			32 NAME	Allison RS
STREET ADDRESS			3.3 STREET ADDRESS	PO Box 208
Offy-St-ZiP			3.4 CHY-ST-ZIP	Fernandina Bch, Fl. 32035
1005] DELETE	4 1 TITLE	Change Addition
MM			4 2 NAME	
STREET ADDRESS			43 STHEET ADDRESS	· ·
CHY ST ZIE			4.4 CITY-ST-7IP	
THILE) DEFELE	5 1 TITLE	Change Addition
NAMr			52 NAME	
STREET ADDRESS			53 STHEET ADDRESS	
CITY ST-ZIF			54 CHY-S1-7IP	
THUE) DELETE	6 1 THLE	Change 🔲 Addition
NAM:			62 NAME	
SPREED ADDRESS			63 STHEET ADDRESS	
CHY ST ZIF			64 CHY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the 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 onth, that I am an officer or director of this cours atom 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 year any attriction and officer or the second statutes.

SIGNATURE:

THE AND THE CAPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 Date

Deutine Physic &

CR2E034 (12/95)