	PROFIT PRORATION JUAL REPORT <b>1996</b>	Sandra Secre	PARTMENT OF STATE a B. Mortham etary of State F CORPORATIONS	
1. Corporatio	UMENT # 4297 N COATINGS OF FLORIDA,	(.)		
	De of Business	Mailing Address		
1341 VEC JACKSON	ga st. Nville FL 32204	1341 VEGA ST. JACKSONVILLE FL	32204	
	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified         3a. Date of Last Report           07/03/1973         05/01/1995           4. FEI Number         Applied For
1 Suite, Apt.	. #, etc.	26 Suite, Apt. #, etc.		59-1467546 Not Applicable
2 City & State		27 City & State		5. Certificate of Status Desired See Required Fee Required
3 Zip		28		6. Election Campaign Financing Trust Fund Contribution
دار 1	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
	FIRST UNION TOWER (SONVILLE FL 32202		82 Street Add	ress (P.O. Box Number is Not Acceptable)
1. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	84 City	FL         85         Zip Code           ration submits this statement for the purpose of changing its registered office         Its registered office
familiar wit	to the provisions of Sections 607.0502 red agent, or both, in the State of Flori ith, and accept the obligations of Sect Schatze, typed or printed nark of registered agent	tion 607.0505, Florida Statutes.	es, the above-named corpor ed by the corporation's boar	L
tamiliar wit	ith, and accept the obligations of, Sect Stimature, typed or printed name of registered agent	tion 607.0505, Florida Statutes.	ss, the above-named corpor ed by the corporation's boar TE Registered Agent signature requires 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
tamiliar wit SIGNATURE _ 2. IJLE AME	Scinature, typed or printed name of registured agent OFFICE RS AN PD MASUCCI, RON	tion 607.0505, Florida Statutes.	es, the above-named corpor ed by the corporation's boar TE Registered Agent signature requires 13. 1.1 TITLE 1.2 NAME	ration submits this statement for the purpose of changing its registered office rcl of directors. I hereby accept the appointment as registered agent. I am
tamiliar wit SIGNATURE 2. ITLE AME TREET ADDRESS ITY - ST - ZIP	Schature, loped or printed name of registered agent OFFICE RS AN PD MASUCCI, RON 1341 VEGA STREET JACKSONVILLE FL	tion 607.0505, Florida Statutes.	es, the above named corpor ed by the corporation's bear TE Registered Agent signature requires 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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