## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

## **PROFIT** CORPORATION



COF ANNU	CORPORATION ANNUAL REPORT  1997  DIV		RIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State VISION OF CORPORATIONS			Apr 17 1997 8:00am Secretary of State		
	MENT # 4393( S ASSOCIATES, ARCHIT	•	7)			a vedan ejeke ama neme eini edin e	i di birdi situ than gitu ce	() <b>4</b> )(() (44)
								A TIMI ITTI
Principal Place 100 RIVERSIDI P. O.BOX 412 JACKSONVILLI	E AVE. 45	Mailing Address 100 Riverside Ave. P. O.BOX 41245 JACKSONVILLE FL 32203-1245						
						<ol> <li>Date Incorporated or Qualified</li> <li>11/05/1973</li> </ol>	3e. Date of Last F 04/04/1996	eport
	lace of Business	2a. Mailing Ad	dress			4. FEI Number 59-1500733	A	oplied For
Suite, Apt.	#, etc.	Suite, Apt.	#. etc.					ot Applicable Additional
22		27				5. Certificate of Status Desired	Fee R	equired
City & State	e e	City & State	•			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country	Zıp		Country		8. This corporation has liability for		199.032,
24	25  9. Name and Address of Cu	29    urrent Registered Agen		90		Florida Statutes  10. Name and Address of New F	Yes No Registered Agent	
11. Pursuant	to the provisions of Sections 607 egistered agent, or both, in the Son familiar with, and accept the c	State of Fiorida. Such ch	ange was au	ithorized by	City -named corp	poration submits this statement for the tion's board of directors. I hereby acc	FL 85 Zip	Code ts registered registered
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicable	(NOIE	Registered Age	nt signature requi	red when reinstating)	DATE	
12.	OFFICERS P	S AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR Change	RS IN 12 Addition
NAME STREET ADDRESS OTY: ST: ZIP	PAPPAS, TED P 100 RIVERSIDE AVE JACKSONVILLE, FL 00000	_		12 NAME 1.3 STREET	1		C Villings	
TOLE	VT		DELETE	2.1 TITLE		and the second s	Change	Addition
NAME STREET ADDRESS	BRIM, JEROME D 100 RIVERSIDE AVE			2.2 NAME 2.3 STREET	ADORESS			
CHY-SI-ZE	JACKSONVILLE, FL 00000		DE-175	2. 4 CITY - 5	T - ZIP			
name Sabee: Acobicss	S PAPPAS, MARY LEE 100 RIVERSIDE AVE. JACKSONVILLE, FL 00000		DELETE	31 TITLE 32 NAME 3.3 STREET			∐ Change	Addition
DITUE	JACKSONVILLE, PL 00000		DELETE	3.4. CITY - S 4.1 TITLE 4. 2 NAME			Change	Addition
STREET ADDRESS CHY+ST+ZIP TITLE			DELETE	4.3 STREET 4.4 CITY - S 5.1 TITLE	j		Change	Addition
NAMI STREET ACURESS				5.2 NAME 5.3 STREET				
CITY ST ZIF  THEF  MANY  CIDENT ADDRESS			DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME 6.3 STREET			☐ Change	Addition
STREET ADDRESS  City St. ZIP  14. Foo heres informatio	by certify that the information sup in indicated on this annual repor	oplied with this filing doe t or supplemental partua	s not qualify	6.4 CITY-S	1- ZIP	d in Section 119.07(3)(i), Florida Statu I my signature shall have the same le	tes. I further certify that gal effect as if made un	the

SIGNATURE:

**FILED**