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PROFIT
CORPORATION
ANNUAL PEPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 444160

(6)

AVONDALE PROPERTIES, INC.

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	(F)	4 Maria A. C.						
Principal Placi P.O. BOX 7691		Mailing Address P.O. BOX 7691						
P .O.BOX 4122 JACKSONVILLE) F) 22210	P: 0:80X 41222 JACKSONVILLE FL	02203-1222					
US	32238	UŠ	3223 8	3.	Date Incorporated or Qualifie 01/15/1974		ate of Last F /01/1996	Report
2. Principa: Pl	lace of Business	2a. Mailing Addre	SS	4.	FEI Number		I A	pplied For
		26			59-1631079		N	ot Applicable
Suite, Apt	#, elc	Suite, Apt. #, 6	etc.	6.	Certificate of Status Desired			Additional equired
City & State	6	City & State		6.	Election Campaign Financing Trust Fund Contribution	<u> </u>		May Be to Fees
Zip	Country	Zip	Country	8.	This corporation has liability f			s. 199.032,
	25	29	30		Florida Statutes	Yes		
	9. Name and Address of Cur	rent Registered Agent			Name and Address of New	Registered	Agent	
MILI	NE, JACK F		81 N:	ame				
459	5 LEXINGTON AVE. EKSONVILLE FL 32210		82 St	reet Address (I	P.O. Box Number is Not Accep	table)		······································
yno.	TOOTTREE IE GEETO		83				- 	
			84 C	ty		P#1	85 Zip	Code
			<u> </u>	,,		<u> </u>	<u> </u>	
agent La	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such chang Hinations of, Section 607.0	ie was authorized by the 505. Florida Statutes	corporation s	on submits this statement for the board of directors. I hereby ac-	cept me apt	Johnnien as	s registered
CMATHOL								
IGNATURE	Signature, type dior profed harne of registered	agent and too if applicable	(NO1E: Registered Agent sig	nature required whe	n reinstating)	DATE	D DIDECTO	DC 31. 12
IGNATURE	Signature, tyraid or printed harns of registered	agent and tice if applicable	(NOTE: Registered Agent sig	nature required whe		DATE		
GNATURE 2.	Signature, 1914 d or profest have of registred OFFICERS A	agent and too if applicable	(NOTE: Registered Agent big 13. ETE 1.1 TITLE	nature required whe	n reinstating)	DATE	D DIRECTO	
IGNATURE 2, I.E	Signature, 1914 d or profited frame of registred OFFICERS , PDS MILNE, DOUGLAS J	agent and tice if applicable	(NOTE: Reg stered Agent bit 13. ETE 1.1 TiTLE 1.2 NAME	edw beriuper excent	n reinstating)	DATE		
IGNATURE 2. I.E AME FREET ADDRESS	Signature, 1914 d or profess frame of registreed OFFICERS.) PDS MILNE, DOUGLAS J 4595 LEXINGTON AVE	agent and tice if applicable	(NOTE: Registered Agent bit 13. ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADD	nature required whe	n reinstating)	DATE		
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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 other or director of the corporation or the receiver or trustee empered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

Date

Daytime Phone #