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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 476969

(1)

FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1301 RIVERPLACE BLVD SUITE 1809 JACKSONVILLE FL 32207 US					
•		•		 Date Incorporated or Qualified 05/29/1975 	d 3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address	~ .	4. FFI Number	Applied For
21		26		59-1594787	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Cortificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29]	Country 30	8. This corporation has liability to Florida Statutes	or intengible tax under s. 199.032, Yes No
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New I	Registered Agent
	K, DAVID H., ESQ.		81 Name		i
	I RIVERPLACE BLVD TE 1609		82 Street	Address (P.O. Box Number is Not Accept	table)
	KSONVILLE FL 32207		83		
UNO	NOOTTILLE TE GEEUT				
			84 City		FL 85 Zip Code
office or r agent. I a	to the provisions of Sections 697.056 egistered agent, or both, in the State m familiar with, and accept the oblig signature, lyind or printed hims, of regisced agents.	ations of, Section 607.0505, (londa Statutes.	Corporation submits this statement for the poration's board of directors. I hereby acc	
12.	OF LICERS AN		OH: Bugistered Agent signature 13.		DATE FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TOLE		Change Addition
NAME	GUSTAFSON, MARC F		1.2 NAME		·
STREET ADDRESS	1301 RIVERPLACE BLVD., SUI	FE 1609	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207	····	1.4 CHY-SI-ZIP		
TITLE	S CHOCHE O III	LJ DHETE	2.1 1)/LF		Change Addition
NAME	PEEK, EUGENE G III 1301 RIVERPLACE BLVD		2.2 NAME		
STREET ADDRESS	JACKSONVILLE FL 32207		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OADROOM VIEW 1 C DEZO	DELETE	2 4 CHY-ST-7/P 3 1 THE		Change Addition
NAME		L. Peret	3.2 NAME		ह्य engings 🗀 segition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 C(1)Y - S1 - Z(P		
TITLE		☐ DELETE	4.1 TILE		Change Addition
NAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5/3 STREET ADDRESS		
CITY-ST-ZIP		T tyrer se	54 CITY - ST. 7IP		
TITLE		☐ DELETE	6 · 10()		☐ Change ☐ Addition
NAME CARREST ADDRESS			6.2 NAME		
STREET ADDRESS			6 a STREET ADDRESS		
CITY-ST-ZiP	ov certify that the information complete	Swith this filling dogs not our	6 4 CITY-ST-7:F	tated in Section 119.07(3)(i), Forida Statu	doe I further postifully of the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truskie employered 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 attaching with an additions.

OLONIATURE.

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